Humanitarian Solutions in the 21st Century
Series Editor: Larry Winter Roeder Jr.

Larry W. Roeder Jr. *Editor*

Issues of Gender and Sexual Orientation in Humanitarian Emergencies

Risks and Risk Reduction

Springer

Humanitarian Solutions in the 21st Century

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Failed nation states and conflicts threaten global economic security in the 21st century. There are also over 43.7 million refugees and internally displaced persons around the world in 2012, and over the last decade about 258 million people have been affected by natural disasters worldwide. Millions suffer every year from human rights and civil rights violations, everything from elder abuse in disasters to prisoners in solitary confinement. In addition, armed non-state actors conduct both acts of terrorism and traditional rebellions. Although governments, the UN and other international organizations play important roles dealing with these issues, increasingly NGOs (private, non-profits that are managerially independent of governments conduct) conduct both operations to save lives and develop strategies to change the status quo. Drawing on the expertise of practitioners from around the globe, this series is dedicated to the hard work of civil society at large and the NGO community in particular. It will help civil society be more effective and illustrate best practices from its perspective.

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Foreword: Why This Book is Important

Sharon Kotok retired from the Department of State where she worked with the UN on a number of global issues including the advancement of women's rights, a more effective UN response to humanitarian emergencies, better delivery of food aid, and an improved UN role in agricultural development. In 2000–2001, she represented the Department of State on the World Conference Against Racism Task Force established by the White House. Most recently, she was part of the team that developed the US National Action Plan on Women, Peace, and Security.

In October 2000, the UN's Security Council adopted Resolution 1325[1] on Women, Peace, and Security. The purpose of the resolution was twofold: (1) to increase the participation of women in conflict resolution and peacebuilding and (2) to protect women and girls from sexual violence in conflict. Because the Security Council deals with matters of international peace and security, by adopting this resolution, the Council affirmed that women's participation and protection are indeed matters of peace and security. In implementing Resolution 1325 and subsequent UNSC resolutions and presidential statements on Women, Peace, and Security[2], the UN and UN Member States have concentrated on five pillars: prevention, participation, protection, relief and recovery, and institutionalization.

Addressing these five pillars is important not only in situations of armed conflict but also where there is unrest and displacement because of natural or other disasters.

The excellent essays in this book address the five pillars and highlight the importance of integrating gender into all phases of planning and implementing policies and programs to mitigate and respond to disasters. In addition to documenting the results of scholarly research, these essays provide practical recommendations that governments, international organizations, donors, and relief agencies can adopt to meet the needs of those affected by disasters.

As former US Ambassador-at-Large for Global Women's Issues Melanne Verveer often said: "No country can get ahead if it leaves half its population behind." This is true in all circumstances, and is especially important to remember in times of crisis.

1 http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/1325%282000%29.

2 The UN Women Watch website has links to all UNSC resolutions, presidential statements, and reports of the Secretary-General on Women, Peace, and Security: http://www.un.org/womenwatch/feature/wps/.

Including the voices of women and other marginalized groups is vital to ensuring that disaster mitigation and relief programs are successful.

The essays in this book explore and enlighten the following:

- Disasters have different impacts on individuals, depending on their gender, age, disability, sexual orientation, membership in a minority racial or cultural group, economic well-being, etc. It is important that relief efforts take into account these differences.
- Women play a vital role in restoring their communities and family well-being. It is therefore important that they participate as equal partners with men in relief and recovery efforts.
- Women are more vulnerable to violence during disasters than are men. Refugee and IDP camps need to be designed and managed in a manner that minimizes the opportunity for violence and abuse. And, responders need to become more aware of domestic violence during disasters and be better able to assist victims.
- Aid workers need to pay particular attention to the needs of LGBTI people in light of the marginalization and abuse they are likely to experience.
- In some instances, women are not recognized as "heads of household" and thus do not have access to relief and recovery programs. It is important that they gain access and that the programs address their needs and the needs of their families.
- In order to increase the effectiveness of policies and programs, organizations need to develop clear guidelines, train all staff, and follow-up to ensure implementation.
- And, as noted in Chap. 1.06.2: "Finally, efforts to promote changes in men's attitudes about gender relations in general and in the context of preparedness and post-disaster response are likely to ameliorate the gender differentials on the effects of disasters on children and adolescents."

Sharon Kotok

Introduction to the Volume

Welcome to *Issues of Gender and Sexual Orientation in Humanitarian Emergencies*, an exciting new edition to the *Humanitarian Solutions in the 21st Century* series offered by Springer. As noted by the UN in Guyana on 2006, "Gender is inextricably linked to the successful development outcome. Gender should not be an add-on, but integrated to all parts of the project cycle (Khammar 2006, 26 April)." It is our sincere hope that this book by world-class experts will foster a greater understanding of the problem of the interplay between gender and disasters, and provide a path to a better day. It will also be especially a great background for those junior and mid-level officers in NGOs wanting to engage in negotiations during disasters and conflicts. For other books in the emerging series as well as practical advice on to negotiate changes proposed in this book with governments and the International Organizations, please visit http://www.springer.com/series/11580 and http://internationalorgs.wordpress.com/.

Specific to gender violence, it is a major public health and social issue across the globe, one that has for generations created pain as well as economic and social hardship, and too often women are not fairly represented or present at all in risk reduction planning. I saw this first-hand from my work as the Policy Adviser on Disaster Management in the Bureau of International Organizations at the US Department of State, which is why I decided to make this one of the first books in the series. This paradigm is changing, as is seen increasingly in places like Somaliland where women are advising on disaster preparedness; but more needs to be done. As an example, consider the Sinai where I worked a peacekeeping official and studied the tribes. The girls in many tribes were allowed to attend school for their early years; but at 15, they were generally married off with the expectation of having children as soon as possible. I maintain contact with many of the tribes, and this is still a problem, especially when the men die or are arrested. The women are left without the ability to gain a competitive income, yet have to feed as many mouths as their missing spouse. We also see the problem daily relative to conflict, natural disasters, and especially for refugees and internally displaced peoples (IDP). I often found women, girls, and boys in distressed situations in Asia, Africa, and the Middle East, including in refugee camps and in combat zones, in part because risk reduction, response, and recovery mechanisms were inadequate as they related to gender issues. In part, this is perhaps because, as Dr. Virginia Gil-Rivas writes in

this book, "Surprisingly, relatively few studies have examined the role of gender on predicting adjustment among children and adolescents exposed to disaster." Our hope is reverse the trend on this and other gender issues in what will be only the first of our books dealing with gender and disasters.

Following the unprecedented destruction of World War One, women's groups rose in Europe and North America to demand a new intergovernmental structure to resolve disputes and demand a focus on gender. They understood that the massive migrations and deaths from the "Great War" were destructive to family coherence and a danger to woman and girls as a vulnerable class. As a result, they formed the Inter-Allied Suffrage Conference (IASC[3]) which participated in League of Nations commissions and directly negotiated with governments to gain the right of a woman married to a foreigner to keep her nationality, and abolish trafficking in women and children, as well as state-supported prostitution. Some of those goals were then enshrined in the covenant of the International Labor Organization and as strategic goals of the League. Unfortunately, the struggle to focus on gender issues had imperfect results and therefore needed to continue; in the early part of the 1990's, professional relief workers were calling again for improvements in how the international community handled the question of gender. For example, in 1998, the agreed conclusions of the Economic and Social Council (ECOSOC) Humanitarian Segment requested the Emergency Relief Coordinator (ERC) of the United Nations to ensure the integration of a gender perspective into all aspects of humanitarian policy. ECOSOC would later also recognize the positive role women can play in postconflict peace-building and reconciliation (McAskie 1999). Experts from civil society and the UN as well as member governments stressed the need to integrate a gender perspective in the planning and implementation of activities and recommended that such a perspective be further promoted. Of course, initially, the focus was on women and girls, and to an extent on boys, such as those pressed against their will into the service of Armed Non-State Actors (ANSAs) and criminal gangs.

More recently has also come recognition of the problem of how to respect the rights of LGBTI people. In some countries, various forms of same-sex sexual activity, gender variance, or associated expressions or organizing are illegal, such as so-called "sodomy" laws in approximately 76 countries around the world or the recent "gay propaganda" laws in Russia. In Loudoun County, Virginia, USA, one of the County Supervisors in 2013 made his primary source of income from leading a nonprofit aimed at harming gay and lesbian people. Indeed, he termed such people as "its," not people. That sort of prejudice is often based on ignorance and can lead to very unfortunate results in disasters. Unfortunately, there is little literature on how to resolve this humanitarian question in the context of disasters, so I am so glad that several experts came forward to introduce the topic in this book. Our hope is to expand that particular discussion in later volumes and craft a specialized topic on this important sociology and human right issues, as well as to integrate the entire question of all aspects of gender protection throughout the series.

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[3] Not to be confused with the UN's IASC, InterAgency Standing Committee.

Once again, welcome to the Humanitarian Solution series.

Larry Winter Roeder Jr.
Series Editor
Humanitarian Solutions in the 21st Century

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Chapter 1
The Impact of Disaster on Children and Adolescents: A Gender-Informed Perspective

Virginia Gil-Rivas

1.1 Introduction

A sizable number of children and adolescents around the world are exposed to disaster and other mass traumas every year (International Federation of Red Cross and Red Crescent Societies [IFRC] 2010; Norris et al. 2002). In 2012 alone, close to 80 million people around the world were exposed to natural disasters, in which many of them were children and adolescents (US Agency for International Development 2013). Risk of disaster exposure seems to be determined by the interactive effects of multiple factors, such as geographical location, characteristics of the child, family and social relationships, socioeconomic status (SES), cultural practices and beliefs, sociopolitical conditions, and public policies (WHO 2002). Disasters have the potential of having a deleterious effect on the multiple systems in which youths are embedded and on the extent to which they have their basic needs (i.e., food, shelter, medical care, and social support) met. In the short term, a sizeable number of youths exposed to disaster may worry about their safety, experience somatic concerns (i.e., headaches, stomachaches), sleep problems, anxiety, sadness, behavioral problems, academic difficulties, and separation anxiety. In the long term, some children and adolescents experience anxiety, depression, posttraumatic stress disorder (PTSD), and behavioral problems (Davis and Siegel 2000; Norris et al. 2002; Scheeringa and Zeanah 2008; Silverman and La Greca 2002). Importantly, the extent to which disaster exposure has short- and long-term consequences for youths depends on the dynamic interplay between multiple factors. Specifically, the nature of the event (e.g., magnitude, degree of exposure, loss of life, violence involved), characteristics of the youth (e.g., age, gender, and predisaster functioning, prior trauma exposure), and the functioning of systems prior to and post disaster (e.g., family, school) that are viewed as fundamental for human adaptation and resilience play an important role in predicting positive adaption in the aftermath of disasters (Masten and Narayan 2011; Scheeringa and Zeanah 2001; Silverman and La Greca 2002).

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Gender has been recognized as an important factor that influences youths' vulnerability to disaster and their short- and long-term adjustment in multiple ways. Unfortunately, few disaster studies have examined the mechanisms by which gender influences risk and adaptation among children and adolescents. Guided by the bioecological theory (Bronfenbrenner and Morris 2006) and the resilience (Masten 2011) framework, this chapter: (1) provides a brief review of the literature on factors associated with children and adolescents' adjustment and well-being in the aftermath of disasters, (2) sheds light on the mechanisms by which gender may influence risk for disaster exposure and on youths' adjustment following disaster, and (3) discusses the importance of employing a gender-informed bioecological perspective to better meet the needs of children and adolescents post disaster. These efforts should focus expressly on both reducing the risk for negative outcomes and promoting resilience and well-being among vulnerable youths.

1.2 A Framework for Understanding the Impact of Disasters on Youths

The bioecological theory and the resilience framework are well suited to examine the factors that contribute to youth's adjustment post disaster and for guiding efforts to minimize risk and promote well-being (Kilmer and Gil-Rivas 2009; Masten and Narayan 2011; Weems and Overstreet 2008). The bioecological theory (Bronfenbrenner and Morris 2006) proposes that human development and adaptation are the result of dynamic interactions between the characteristics of the individual (e.g., sex, cognitive maturation) and multiple "nested" systems that mutually influence each other. At a more proximal level, microsystems involve activities, roles, and interpersonal relationships in the immediate environment (e.g., family, peers, and school) that directly influence the child. The mesosystems involve the connections and processes that connect two or more aspects of the individuals' immediate environment (e.g., family and school, parent's workplace and the family). At a more distal level, macrosystems involve factors indirectly influencing the child (e.g., community, belief systems and customs, public policies, and characteristics of the natural and built environments). Therefore, from this perspective, youths' risk and adjustment post disaster are the result of the dynamic interactions between factors and processes at multiple levels, rather than simply being determined by the nature of the disaster, degree of exposure, or characteristics of the child.

The resilience framework complements the bioecological model as it aims to identify factors at multiple levels of youths' ecology that promote positive development and adaptation or that protect children and adolescents exposed to adversity (e.g., poverty, abuse, violence exposure). Resilience involves maintaining successful functioning despite exposure to adversity and it includes: (1) demonstrating better than expected outcomes (i.e., academic achievement, social functioning), (2) sustaining normal functioning despite adversity, and (3) "bouncing back" in the aftermath of trauma (Masten and Powell 2003; Masten and Obradovic 2008).

An extensive body of research on children and adolescents has identified factors that predict better outcomes (*promotive*), factors associated with positive adaptation under conditions of adversity (*protective* or *compensatory*), as well as factors that intensify the effects of adversity (*risk*; Luthar 2006). Emotional and behavioral self-regulation skills, high intelligence quotient (IQ), problem-solving skills, self-worth, and positive future expectations have been found to predict resilience among youths facing a variety of adverse conditions (Cicchetti 2010). In addition, aspects of youths' proximal social context (i.e., caregivers, family, and peers) have been shown to play a very important role in adaptation across the lifespan serving both regulatory and protective functions (Luthar 2006). In particular, consistent and supportive caregiver–child relationships are strongly related to children's well-being (Masten 2001). In adolescence, teachers, other adults, and peers also become important social influences on youths' adaptation. Finally, factors in youths' distal social context, such as community stability and support, safety, and available resources, are also associated with resilience (Luthar 2003, 2006). A brief review of the role of these factors in the context of disaster is presented below.

1.3 Determinants of Youths' Adjustment Post Disaster

1.3.1 Characteristics of the Event and the Post-disaster Environment

Several characteristics of the disaster and degree of exposure (dose effects) have been found to be associated with the extent to which these experiences have a deleterious effect on children and adolescents. Disasters that involve life threat to self or to loved ones, the loss of life, and those that include violence (e.g., wars, terrorist attacks) are more likely to contribute to psychological and social impairment among youths (Norris et al. 2002; Silverman and La Greca 2002). Event exposure, including proximity to the disaster, duration, degree of loss, and relocation are associated with more severe symptomatology in youths (Norris et al. 2002; Silverman and La Greca 2002). Further, disasters that have widespread effects on entire communities (*mass traumas*) and disrupt multiple systems and important social institutions (i.e., schools, churches, government, financial institutions) are associated with higher levels of negative affect and impaired social functioning among children and adolescents (Norris et al. 2002). Beyond the acute stages of the disaster, the length of the recovery period and characteristics of the post-disaster context, such as unstable social, economic, or political conditions, are more likely to lead to long-term difficulties for youths (Kronenberg et al. 2010; Laor et al. 2001; UNICEF 2013). Aspects of the disaster alone do not fully explain the effects of such experiences on youths; rather, individual characteristics as well as factors and processes at multiple levels of the youth's ecology are important determinants of acute responses and long-term adaptation.

1.3.2 Individual Characteristics

Characteristics of the youth such as age, ethnic or racial background, pre-disaster mental health, and social and academic functioning have all been found to be of importance for adjustment following disaster (Silverman and La Greca 2002). Younger children are dependent on their caregivers for meeting their primary needs; thus, separation or the death of their primary caregiver is frequently associated with an increased risk for mortality, exploitation, further trauma exposure (UNICEF 2003), and higher levels of acute distress and trauma-related symptoms (Masten and Narayan 2011).

Preexisting vulnerabilities, such as a history of mental health problems (e.g., anxiety, depression) and academic difficulties are also associated with higher levels of acute trauma symptoms (Gil-Rivas et al. 2003), and PTSD (Weems et al. 2007), which increase the risk for poor psychological adjustment among children and adolescents exposed to disaster and trauma (Roberts et al. 2011). Likewise, a history of prior trauma exposure (i.e., community violence, interpersonal violence, disasters) appears to render youths at a greater risk for the development of PTSD (Acierno et al. 2007) and other mental health difficulties (Kessler et al. 2012).

Gains in cognitive, emotional, and behavioral capacity that occur with age contribute to youths' ability to understand their experiences and to manage stress. Specifically, increased capacity for self-regulation, empathy and perspective taking, more realistic expectations of control, and greater use of problem-focused coping strategies can positively influence youths' adaptation (Aldwin 2007; Salmon and Bryant 2002). Further, threat appraisal becomes increasingly differentiated with age allowing adolescents to differentiate between threat to self, threat to others, and potential loss of important objects and activities (Sheets et al. 1996), which has implications for youths' responses to disaster (Salmon and Bryant 2002). The evidence for age differences in the impact of disaster, however, is mixed. For example, school-age children are more likely to experience significant impairment following disaster exposure compared to adolescents and adults (National Child Traumatic Stress Network n.d.; Norris et al. 2002). In contrast, other studies have not identified age differences in trauma-related symptoms among youths (Vernberg et al. 1996). In addition, a child's temperament is related to overall emotional affectivity and his/her responses to adverse and stressful experiences (Lieberman and Van Horn 2004). Moreover, the extent to which youth characteristics are associated with adaptation post disaster varies depending on the functioning of other systems in youths' ecology and the interactions among these systems. Indeed, beyond the characteristics of the youth, the caregiving context is viewed as a central system in children's development and adaptation in general, and in particular, among youths exposed to adversity (Masten et al. 1990).

1.3.3 Caregiving Context

Caregivers are responsible for meeting the basic needs of their children (e.g., food, shelter, health care), protecting them from risk, and creating and maintaining a fam-

ily environment that facilitates youths' adjustment. Competent, warm, and supportive caregiving (i.e., responsiveness, perceived warmth) promotes adaptation among children exposed to diversity (Cicchetti and Toth 1998; Luthar 2006). High levels of distress, anxiety, and depressive symptoms may interfere with caregivers' ability to regulate their emotions and behavior, and in turn compromise their parenting practices. For example, maternal depression has been found to be associated with harsh parenting, difficulties in maintaining consistent discipline, and being responsive to their children's needs (Lovejoy et al. 2000). Additionally, these parenting behaviors have been shown to be associated with internalizing (e.g., depressed mood, anxiety, and social withdrawal) and externalizing (e.g., aggression, conduct problems, attention difficulties) symptoms in children (Lovejoy et al. 2000). The effects of caregiver symptomatology on children have been found to vary by age and gender; in particular, caregiver symptoms have a greater effect on younger children, and maternal depression has a stronger association with internalizing symptoms in girls than in boys (Goodman et al. 2010).

Disasters, in particular those that involve mass trauma, violence, and loss, may compromise caregivers' ability to parent their children and to support an environment that promotes successful adjustment. The disaster literature, however, has reported varied findings regarding the effect of caregiver symptoms on children's well-being. For instance, a study on the effects of terrorist attacks on preschool children found that maternal depressive and PTSD symptoms were associated with higher levels of aggressive behaviors, emotional reactivity, and attention difficulties in the children accounting for event exposure (Chemtob et al. 2010). Similarly, caregiver self-reported distress, anxiety, and PTSD symptoms were associated with higher PTSD and depressive and anxiety symptoms among school-age children (Kilic et al. 2003; Scheeringa and Zeanah 2008) and adolescents exposed to disaster (Meiser-Steadman et al. 2006). In contrast, other studies have found that maternal PTSD and depressive symptoms were not related to youths' PTSD and depressive symptoms adjusting for disaster exposure and aspects of the caregiver–child relationship (i.e., warmth and acceptance, caregiver–child conflict, hostile or coercive interactions; see, e.g., Gil-Rivas et al. 2003; Gil-Rivas and Kilmer 2013; Kelley et al. 2010; Koplewicz et al. 2002). Thus, the effect of caregiver distress on children's symptoms may be partially explained by quality of the caregiver–child relationship. It is likely that under conditions of stress and uncertainty parents may become less tolerant of their children's emotional responses and may engage in rigid parenting behaviors and low levels of family communication (Kilic et al. 2003; Tuicompee and Romano 2008). Such changes in the caregiving context may in turn contribute to higher levels parent–child conflict, which may serve as an additional source of stress for youths (Gil-Rivas et al. 2003). Indeed, caregiver–child conflict has been found to be associated with higher PTSD symptoms among children (Gil-Rivas and Kilmer 2013) and adolescents (Gil-Rivas et al. 2003, 2007). Further, children with preexisting mental health and academic difficulties (Gil-Rivas et al. 2003) and those with higher levels of acute trauma symptoms are particularly vulnerable to the effects of low levels of caregiver support (Gil-Rivas et al. 2003; Kilic et al. 2003).

Although less is known about the extent to which positive parental mood contributes to youths' well-being in the aftermath of disaster, the preliminary evidence suggests that parental positive affectivity predicts youths' positive affect and subjective well-being over time (Gil-Rivas et al. 2003). Positive caregiver mood promotes parenting self-efficacy, warm and responsive parenting, and a willingness to teach and encourage positive coping behaviors in their children (Darling and Steinberg 1993; Dix 1991) and thus may facilitate youths' adjustment.

Youths are also attentive to their caregiver's behavior and emotional responses, and they use those as indicators of safety and security (Masten and Narayan 2011). In this way, caregivers also influence children's stress appraisals, coping behaviors, and sense of safety (Alisic et al. 2011; Eisenberg and Valiente 2004; Gil-Rivas et al. 2007; Valentino et al. 2010). The available research has shown that parental display of emotions is related to their children's coping responses and distress (Hakim-Larson et al. 1999). Additionally, children's perceptions of caregivers' symptomatology has been found to be associated with higher levels of child trauma-related symptoms (Cunningham et al. 2009; Dyregrov and Yule 2006). For example, adolescents who perceived their caregiver as upset and unavailable to talk about their experiences reported higher levels of PTSD symptoms in the aftermath of disaster accounting for self-reported caregiver distress (Gil-Rivas et al. 2007). Finally, the type of coping advice caregivers provide to their children has been found to influence post-disaster adaptation. For example, parental coping involving positive reframing, emotional expression, and acceptance has been shown to contribute to lower levels of distress among adolescents exposed to terrorist attacks (Gil-Rivas et al. 2007).

1.3.4 Sociocultural Factors

Cultural, social, historical, and economic factors influence exposure to disaster, the nature of the adverse events people experience, stress appraisals, and how they cope (e.g., Chun et al. 2006). Importantly, these factors also determine the resources and supports available to individuals and families to help them manage the challenges associated with those experiences. Families and children at the lowest levels of the SES hierarchy are the most vulnerable to adversity.

Poverty influences every single aspect of children's and adolescents' lives, increasing their risk for physical, mental, and social difficulties (McLoyd 1998; Wadsworth and Santiago 2008). Youths living in poverty, in particular those in urban areas, are at a greater risk for chronic exposure to adversity (e.g., domestic and community violence, inadequate or unstable housing, and food insecurity). Further, caregivers living in poverty frequently have a limited access to both financial and social resources, conditions that contribute to higher levels of parenting stress (Evans et al. 2005) and greater likelihood of harsh and less-responsive parenting (Deater-Deckard 1998). These factors are likely to undermine children's sense of trust and safety (Osofsky 1995) and contribute to depressive and anxiety symptoms, behavioral difficulties, attention problems (Anastopoulous et al. 1992), and the use of maladaptive coping strategies (Cappa et al. 2011) among children and adolescents.

The unstable economic and social conditions that often characterize major disasters may make families and children living in poverty particularly vulnerable to the impact of such events. Among children exposed to disaster, low SES has been found to be positively associated with injury, threat of life to self or family, serious damage to property, loss of employment and financial resources, relocation (IFRC 2010; Norris et al. 2002), and PTSD symptoms (Diene et al. 2012; Norris et al. 2002). Poverty may negatively affect caregivers' ability to quickly reestablish family routines, to meet their children's basic needs, and to create the kind of family environment that fosters youths' efforts to process and cope with their experiences (Bosquet 2004; Korol et al. 1999; Laor et al. 2001). For example, a recent study of caregivers of school-aged children exposed to Hurricane Katrina in the USA revealed that caregivers who 1 year after the hurricane had the highest levels of unmet service needs (i.e., financial, employment, housing, mental health services, and educational services) for themselves and for their children reported higher levels of distress, PTSD symptoms, and parenting strain nearly 2 years later (Kilmer and Gil-Rivas 2010). Importantly, caregiver symptoms and family strain contribute to family discord, domestic violence, and substance abuse, factors that have been found to threaten children's well-being and adaptation (Norris et al. 2002). Finally, in the aftermath of disaster, low-income families typically have fewer financial and social resources to recover, may not have equal access to available aid post disaster, and may perceive services for themselves and their children as less beneficial (Weems and Overstreet 2008).

Membership in a minority racial or cultural group may also magnify the effects of disasters on children and adolescents as it is associated with reduced access to resources, power, and social support. For example, families belonging to minority groups and those living in poverty are more likely to reside in geographic zones that are vulnerable to disaster, to live in poorly constructed homes, and to be less likely to evacuate (Davidson et al. 2013; Spence et al. 2007). In addition, discrimination and lack of power threaten individuals' self-esteem, perceptions of safety, self-efficacy, control, and trust in governmental and aid organizations (Eisenman et al. 2007; Weems and Overstreet 2008). Further, the stress associated with perceived discrimination and stigmatization may act as additional stressors increasing youths' vulnerability for psychological difficulties (Ellis et al. 2008).

Religious beliefs and practices are also important influences on youths' and families' efforts to cope with disaster. Reliance on religious or faith interpretations of the meaning of the event and the use of religion as a coping mechanism may help promote better adjustment (Chan et al. 2012). In addition, faith-based organizations are frequently involved in providing aid to children and families post disaster (Philips and Jenkins 2009) and may elicit trust and comfort among those who hold strong religious affiliations. Conversely, religious beliefs and practices may act as barriers for seeking and accessing needed social and health services.

The brief review presented above suggests the importance of employing a bioecological framework for understanding the impact of disasters on children and adolescents. Gender is an often-ignored factor in these analyses that is likely to shape the manner in which factors at different levels of youths' ecology interact and influence vulnerability and well-being post disaster.

1.4 Gender and the Impact of Disaster on Children

Gender refers to socially constructed categories that determine roles and expectations, power, educational and employment opportunities, and the nature of relationships with others in a particular society (Howard and Hollander 1997; Lorber 1994). Social constraints and expectations associated with gender shape the distribution of resources in the family and other social institutions (i.e., workplace, schools) of importance for human development and adaptation. Moreover, gender is an important determinant of health that contributes to shaping individuals' access and utilization of services (Keleher 2004).

The developmental psychopathology literature has shown that boys are more likely to experience adjustment difficulties that involve overt and disruptive behaviors (e.g., aggression), while girls are more likely to experience depressive and anxiety symptoms (Crick and Zahn-Waxler 2003). Importantly, boys are more likely to experience adjustment difficulties during childhood compared to girls; however, these gender differences diminish or disappear during adolescence (Crick and Zahn-Waxler 2003). In part, this pattern of difficulties may be explained by gender-based socialization practices and the intensification of pressures to adhere to gender roles during adolescence (Harter et al. 1998). Gender roles and social rules shape stress perceptions, symptom expression, and coping across the lifespan (Shields 2000). Culturally specific gender conceptions, socialization, and expectations shape youths' self-representations, information processing, expectations, behavior, emotional responses, and coping (Martin et al. 2002; Shields 2000). For example, in general, girls are more likely to express submissive emotions such as sadness and anxiety, while boys are more likely to express anger and to show overt aggression (Chaplin et al. 2005; Fivush and Buckner 2000). These differences in emotional expression have been shown to contribute to the development of externalizing problems (i.e., aggressive and disruptive behaviors, hyperactivity) among boys and internalizing (i.e., depression, anxiety) difficulties among girls (Chaplin et al. 2005) during childhood. Moreover, the clinical literature has shown that girls are more likely to ruminate or focus on the causes and consequences of negative emotions compared to boys (Broderick and Korteland 2002). The use of rumination to cope with stress is believed to be consistent with traditional conceptions of femininity (Wupperman and Neumann 2006). Unfortunately, reliance on this cognitive strategy exacerbates and/or prolongs depressed mood (Cox et al. 2010; Peled and Moretti 2007).

Surprisingly, relatively few studies have examined the role of gender in predicting adjustment among children and adolescents exposed to disaster. Generally, the literature suggests that females report higher levels of PTSD symptoms compared to males (Bokszczanin 2007; Kronenberg et al. 2010; Landolt et al. 2013; Norris et al. 2002; Şahin et al. 2007). The available empirical evidence is consistent with some of the explanations for the role of gender in predicting psychopathology. The adult literature suggests that in cultures that promote traditional feminine gender roles (i.e., passivity, compliance, self-sacrifice), women report more severe PTSD

symptoms compared to men (Norris et al. 2001). Further, greater adherence to these conceptions of femininity may limit individuals' ability to use engagement coping strategies (e.g., problem-solving, cognitive restructuring, emotional expression, and seeking social support), which have been found to be adaptive in the face of adversity (Krause et al. 2008). In addition, reliance on rumination to cope among females could contribute to higher levels of subjective disaster exposure and perceived stress, which in turn have been found to be associated with more severe PTSD symptoms (Goenjian et al. 2001). Further, those social rules may encourage females to rely on disengagement coping strategies (e.g., wishful thinking, social withdrawal, or avoidance), which are associated with more severe PTSD symptoms and further victimization (Filipas and Ullman 2006). As emotion and coping socialization begin early in life, children and adolescents make use of socially prescribed emotion regulation and coping strategies.

In addition to the effects of gender roles on psychological processes, cultural beliefs and practices about the role of women may also limit their access to education, property ownership, and financial resources which limit their independence and ability to gain access to needed resources. Women in many societies, in particular in developing nations, have lower levels of control, political participation, and power which are related to a reduced ability to exert social and economic control (WHO 2009). Gender differentials in social and economic power render women and children with limited capacity to acquire, maintain, or restore desirable material and social resources that help reduce risk of disaster exposure and support positive adaptation. Indeed, there is an inverse relationship between SES and the gender gap in the impact of disaster on individuals across multiple nations (Neumayer and Plümper 2007).

Further, gender inequalities in decision making, income, education, health care, and social influence may exacerbate the negative effects of disaster on youth's physical and mental health (Becker-Blease et al. 2010). For example, social restrictions placed on females may limit their ability to move freely in their communities and may act as barriers for evacuating vulnerable areas and for accessing needed services post disaster (United Nations Office for the Coordination of Humanitarian Affairs 2012; WHO 2002). Furthermore, the specific needs of girls and women may not be recognized by their families and by those providing aid and thus exacerbate the effects of disaster.

Further, as mothers are the primary caregivers of children in most societies, their access to education and financial and social resources is of great relevance to their children's development and adaptation. Indeed, the resilience and disaster literature has shown that low maternal education is associated with poor academic and social adjustment among youths living in high-risk situations (Masten 2011) and with higher PTSD symptoms among children (Gil-Rivas and Kilmer 2013) and adolescents (Landolt et al. 2013) exposed to disaster. Better-educated mothers are likely to have greater access to economic, social, and personal resources that allow them to meet the basic needs of their children and to quickly restore a sense of normalcy in their children's lives post disaster.

Lastly, acceptance of gender-based violence in many societies exacerbates the effects of disaster on youths. In this context, girls are at a greater risk for exposure to interpersonal violence and sexual exploitation in the aftermath of disasters (UNICEF 2013; WHO 2002). Greater exposure to interpersonal violence among girls and women may partially explain differences in youths' psychological distress, PTSD, and poor academic outcomes following trauma (Becker-Blease et al. 2010). In general, females are more likely to experience sexual abuse and domestic violence throughout their lifespan and to experience trauma at a younger age compared to males. Furthermore, girls and women with such histories are more likely to be revictimized and to report lower levels of social support (Olff et al. 2007). These differences in exposure are associated with higher risk for physical and mental health problems among women (Betts et al. 2013; Landolt et al. 2013). In the aftermath of disaster, in particular those involving social upheaval and instability, violence against women and girls increases (WHO 2002), making them more vulnerable to the impact of disaster. Further, in many cases, women may be less likely to report physical or sexual violence or to seek help for themselves or for their children, given cultural values regarding violence against women and the social consequences associated with such disclosures (WHO 2002). Finally, exposure to domestic violence has been demonstrated to have deleterious effects on youths' physical and mental health (Margolin 1998).

1.5 Summary of Findings

Consistent with the bioecological theory, children's and adolescents' well-being occurs within a set of interconnected systems that are in dynamic interaction. Notably, gender and SES are two important interrelated social determinants that influence processes in youth's ecology that are central to human development and adaptation. Unfortunately, despite the clear utility of the bioecological theory, and calls by UNOCHA (2012) for the importance of using a resilience and gender-based approach to pre- and post-disaster response, relatively few research and intervention efforts have been guided by these perspectives (Kilmer and Gil-Rivas 2009; Noffsinger et al. 2012). Using this framework as a backdrop, the following section discusses recommendations for preparedness, disaster response, and recovery interventions.

1.6 Recommendations

Disaster prevention and intervention efforts need to be developmentally and culturally informed and focus on both reducing risk factors and enhancing the adaptive capacity at multiple levels of families and youths' ecology. These efforts should extend beyond the acute post-disaster period but consider the long-term needs of children and youths. This is particularly crucial for children and families living

in poverty, those who have been exposed to chronic adversity (e.g., community violence), and those who are facing unstable social and economic conditions in the aftermath of disaster.

1.6.1 Attending to the Needs of Children and Families

Risk for disaster exposure and positive adjustment of children and adolescents in the aftermath of disaster is largely influenced by their caregiving context. Prevention and disaster response efforts should aim to develop plans that promote the adaptive capacity of youths and families. For example, at the microlevel, interventions that focus on the child, the primary caregiver, and the caregiver–child relationship are particularly important. Helping caregivers regain financial and housing stability is crucial for assisting them in their efforts to engage in competent parenting practices and reinstating a sense of normalcy for their children. In that vein, securing caregivers' access to needed services for themselves, their children, and their families is likely to reduce parenting distress and facilitate competent caregiving. Beyond the caregiver–child relationship and the family, schools are important components of youths' larger social context (Awotona 2010; Klingman 2001). Schools serve as important sources of support for families and can facilitate connections between families, community, and aid organizations aiming to address the needs of children and adolescents post disaster (Kilmer et al. 2009; Kilingman and Cohen 2004). Resumption of school activities also contributes to reestablishing normalcy and routines in the lives' of youths and their access to teachers, peers, and other adults who can assist them in their efforts to process and cope with their experiences. Schools also play an important role in reinstating a sense of social connectedness and belonging, factors that facilitate post-disaster adjustment (Kilmer et al. 2009; Klingman and Cohen 2004). Lastly, schools are frequently considered ideal settings for delivering psychosocial interventions for children and adolescents exposed to disaster (Klingman and Cohen 2004).

Finally, prevention and intervention efforts to promote resilience and well-being need to extend beyond the caregiving context and schools, and target social institutions and systems that may explain gender and socioeconomic inequalities in youths' vulnerability to disaster. Specifically, such efforts need to address how gender roles, social expectations, and one's position in the social hierarchy may contribute to disparities in vulnerability to disaster among children and adolescents.

1.6.2 Addressing Sociocultural and Contextual Factors

Gender and income inequalities may place many children and adolescents at a greater risk for disaster exposure (Awotona 2010). Investments in reducing income inequalities and in particular gender differentials in access to education, employment, and social resources are likely to significantly contribute to reducing gender

gaps in mortality and vulnerability to disaster (Neumayer and Plümper 2007). Indeed, recovery and positive adaptation of children and families are fostered by the existence of social and economic safety nets and by creating or recreating economic opportunities in the aftermath of disaster (Snider et al. 2009). For example, emergency relief funds, assistance with facilitating equal access to those funds, and helping women gain employment prior to and post disaster may increase their decision-making capacity in their family and their society and contribute to reducing gender inequalities. Relatedly, investment in girl's education is likely to be critical for enhancing resilience of youths, families, and communities, particularly in developing nations. Indeed, a recent report of the Harvard Kennedy School (Murphy et al. 2009) summarized the empirical evidence indicating that investments in girl's education contributed to lower infant, child, and maternal mortality, improvement in women's participation in the labor force, increase in income generation, and health. Such efforts are likely to empower women and increase their ability to influence policies and efforts that contribute to differential disaster risk. Finally, efforts to promote changes in men's attitudes about gender relations in general and in the context of preparedness and post-disaster response are likely to ameliorate the gender differentials on the effects of disasters on children and adolescents.

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Chapter 2
Articulation of Personal Network Structure with Gendered Well-Being in Disaster and Relocation Settings

Eric C. Jones, Graham Tobin, Chris McCarty, Linda Whiteford, Arthur Murphy, AJ Faas and Hugo Yepes

2.1 Introduction

Social scientists have documented the role of women in natural disasters as active change agents and advocates for restoring their communities (Akçar 2001; Enarson and Chakrabarti 2009; Enarson and Morrow 1997; Hoffman 1999). Through the

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establishment of social networks, women and men negotiate their environments during the disaster recovery process in order to adapt. From social networks, however, women often take on additional roles as decision makers, change agents, and proactive responders to natural disaster in order to assist their families, and to restore their neighborhoods and the biophysical environment.

In adapting to disaster impacts, communities are forced to adjust preexisting social structures and cultural practices to the newly imposed circumstances, if only in novel forms of resistance to the disaster-induced changes (Oliver-Smith 1999). A gendered division of labor makes women both frontline responders in moments of extreme crisis and long-term caregivers to disaster-impacted family members (Dufka 1988). Disasters, like economic crises, can increase solidarity and thus women frequently act collectively when they are provided with assets like collective physical spaces (Akçar 2001).

Women can play a major role in restoring their communities through the acts of replanting crops, rebuilding houses, political organizing, and intra-community collaboration as well as participating in research-based workshops on gender, development, and disaster (Enarson and Morrow 1997). During disasters, women's caregiving roles usually expand dramatically at all stages of disaster response and, though often invisible to disaster responders, women's formal and informal networks can be central to both household and community recovery (Enarson and Morrow 1998).

Women often comprise the majority of all neighborhood associations, before and after the disaster, but the disaster often creates further socially acceptable and legitimate reasons for women to operate in the public arena. Disasters, then, can operationalize the mobilization of women and increase the visibility of the way in which women and communities cope with challenges (Akçar 2001). Women's domestic space is affected, including their house, furnitures, and articles of everyday use and hence their life, their normality, can be significantly altered. In this regard, it is argued that women participate in community activities more than men because they are generally responsible for the family well-being, and when there is a disruption in the family, they struggle to reconstitute it (Vinas 1998).

In one of our study sites, Teziutlán, Puebla, women adapted to their surroundings by using resources of the sociocultural system to create support groups and social networks, involved decision making, social change, and empowerment. This led us to explore how such informal networks and personal relationships can span social contexts and generate a variety of potential mechanisms for recovery, adaptation, and social and individual agency. Disasters increase women's collective bargaining power (rather than individual bargaining power). Ironically, disasters provide the impetus for women to influence the local agenda through their group involvement (Akçar 2001). The question is "When do these groups form effectively?" This study, therefore, looks at relationships between well-being and the structure of women's and men's personal networks and compares the differences between relocated communities and non-relocated communities.

2.2 Disaster and Relocation: Disruption in Social Structure

A disaster places demands upon the traditional structure of a society (Wenger 1978) frequently disrupting gendered divisions of labor, traditional sources of prestige, intergenerational responsibilities, and proximity to affinal, consanguineal, and fictive kin. These are the structures that help sustain worldviews and systems of meaning. At the community level, disasters refer to a condition in which a precipitating geophysical event renders the customary social structure no longer collectively defined as an appropriate guide for social behavior. In an event such as a tornado, flood, or earthquake, new daily routines and relations emerge as attempts are made to fulfill the newly imposed demands.

Relocation usually exacerbates the challenges facing society following disasters. Oliver-Smith (1991), for instance, found that siting issues are one of the most frequently mentioned causes of resettlement failure, particularly the physical layout or design of the settlement, and the distance from kin or from the old village. Relocation may also produce more stressful household conditions, including social stressors such as crowding, isolation, and disruption of relationships. Some aspects of this disruption include an inability to sufficiently maintain social relations, loss of family and friends, or ruptures in social networks.

Relocation can thus negatively impact perceived support, received support, social embeddedness, and hope for the future leading to stressful psychological situations which may result in negative mental health effects as "strangers" may find it difficult to create new support networks (Quarantelli 1985). As such, the resettlement itself may be more harmful to the survivors than is the impact of the disaster. Involuntary resettlement often involves removal from an environment in which the society has evolved traditions of behavior over decades or centuries.

Post-disaster settings, whether in a relocated community or not, generate different challenges for survival. In this regard, women often face new responsibilities, sacrifices, and opportunities. While both male and female adults are expected to find work to feed their families, women are also expected to immediately adapt and perform all of their previous tasks in the same efficient manner, which means still bearing, raising, and caring for their children, as well as dealing with the effects of the resettlement.

Since gender in many societies often reflect multiple social inequalities, women—whether single or married, and with children or not—may not be provided with the same benefits and resources as men, and may be left out of disaster relief programs that generally seek to support heads of the households—that is, men (Morrow and Enarson 1998). Similarly, post-disaster relief efforts and resources are often designed to honor wage labor over domestic labor, thus privileging those who earn salaries over stay-at-home caretakers (Bolin et al. 1998, p. 42). Another factor that helps to determine the outcome of a woman's life during and after a disaster is whether or not she has a cohabitating mate. Notwithstanding the increase in domestic violence that occurs post disaster (James et al., Chap. 6), a domestic arrangement

with a male “breadwinner” offers the most security for women in this setting (Morrow and Enarson 1998).

Hazard victims experience increased anxiety levels and prolonged depression, and sometimes posttraumatic stress disorder (PTSD; e.g., Ollenburger and Tobin 2008). The calming of fears of her children, feeding, nourishment of others (Bhatt 1995), and the overall performance of her traditional roles during disaster situations are an extreme extension of women’s normal expected caregiving roles in many societies (Morrow and Enarson 1998). The fact that they must keep up with their caregiving responsibilities makes it increasingly more difficult for women who are suffering from PTSD and other anxiety or stress disorders to adjust following a disaster, although it is still not clear whether men or women achieve better levels of functioning post disaster.

Although the women in our relocation study site in Ecuador did not move extensive distances, they still had to deal with mothering, educating, caring for, and raising their children in a new location, while also handling the stresses of their immediate surroundings, such as new employment. Often, men were already laborers, while women relocated from a farm community—as in our Ecuadorian sites—were obliged to make career changes by finding wage labor work or by starting a new business. Moon (2003) found that many women cope with the less than favorable conditions of paid labor by labeling it as an extension of their mothering roles. Also, instead of using daycare services or supportive friends, many mothers prefer still to carry the bulk of the responsibilities on their own shoulders, even while working full time and relying on parents or siblings for help in raising the children.

2.2.1 Methodology

We interviewed 413 people in Ecuador and Mexico face to face in a variety of settings, though typically in their home, with a structured questionnaire. In Mexico, 137 were resettled following the landslides in 1999, and 59 were evacuated but not resettled in a volcanic risk zone after eruptions in 1994 and 2000. In Ecuador, 78 respondents in three communities were evacuated but not relocated although they continue to experience ashfall, and 139 from several different villages were relocated to two resettlements after the 2006 eruptions, although initial dislocations for some people had occurred since activity had begun with a strong eruption in 1999. Initially, a well-being survey composed of 16 metrics was conducted to establish current health conditions in the various communities. To measure well-being, we employed the World Health Organization’s Comprehensive Diagnostic Inventory to capture posttraumatic stress as well as functioning due to posttraumatic stress. The Center for Epidemiologic Studies Depression Scale-20 (CESD-20) was used to determine potential depression symptoms and an ecological stress scale (i.e., household conditions; Norris and Raid 1996).

Network data were captured through interviews based on the approach of McCarty (2002) in which respondents each named 45 people with whom they were

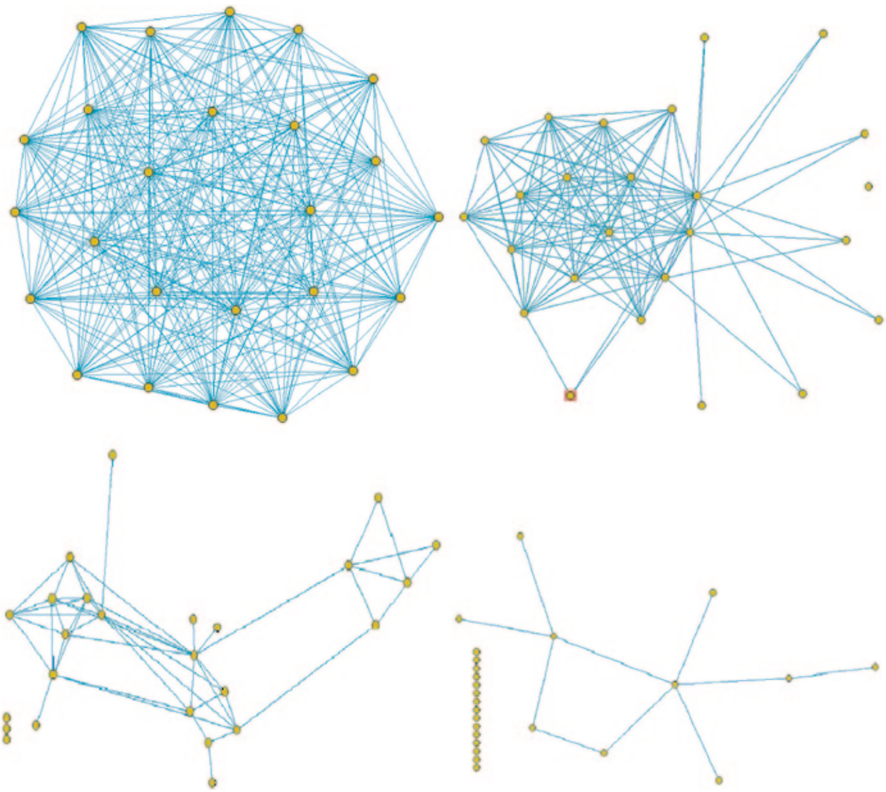


Fig. 2.1 From upper left, clockwise, are four examples of idealized graphical network types taken from our data: dense (high closure), extending (like core-periphery), subgroups (like subgroup cohesion), and sparse (low closure).

associated. A random sample of 25 individuals was taken from these 45, and the respondent was then asked a series of questions about each, including whether each of the 25 people interacted with one another a lot, a little, or not at all. This produced a network for each respondent that could have as many as 300 ties or as few as zero when the respondent is excluded from the matrix of ties. To generate graphics or network visualizations for each interviewee, we utilized EgoNet (socioworks.com and sourceforge.net). These network patterns were then coded as tight (very dense; similar to cohesive networks), extending (dense core with some peripheral nodes; similar to core–periphery networks), subgroups (notable clusters of groups of nodes that have some connections between them; similar to clear hierarchical clustering, or similar to multiple components if disconnected subgroups), or sparse (relatively few ties in the graph plus a number of isolated or disconnected nodes; similar to highly disconnected graphs). Figure 2.1 shows typical visualizations for each network type, although individual visualizations will vary. We used two coders and discussed conflicting codes when necessary in order to achieve agreement about coding for each of the four types.

Table 2.1 Gendered well-being in Mexico by resettlement status and network type

			Mean # of PTSD symptoms	Mean # of functioning symptoms	Mean recent depression (CES-D)	Mean household conditions
Women	Not resettled	Tight	6.2	0.6	*16.6*	*10.6*
		Extending	2.4	0.2	16.2	*4.2*
		Subgroups	*1.4*	*0.1*	13.3	*2.7*
		Sparse	n/a	n/a	*12.0*	8.0
	Resettled	Tight	*9.3*	*1.0*	*16.6*	*10.6*
		Extending	*7.1*	*0.5*	*20.0*	*6.6*
		Subgroups	*6.1*	*0.4*	*16.8*	*8.4*
		Sparse	*9.3*	*0.6*	*18.2*	*11.6*
Men	Not resettled	Tight	*3.1*	*0.4*	*13.8*	6.3
		Extending	*2.2*	*0.2*	*12.5*	6.7
		Subgroups	*0.8*	*0.3*	*12.8*	*2.3*
		Sparse	*3.8*	0.3	13.8	*2.3*
	Resettled	Tight	7.0	0.5	*15.7*	*5.8*
		Extending	5.8	*0.7*	15.2	7.5
		Subgroups	3.3	*0.4*	14.6	5.0
		Sparse	5.2	*0.1*	14.3	5.3

Italicized numbers indicate the lowest score (best well-being) and bolded numbers indicate the highest score (worst well-being) for a single network type (e.g., tight) for a single measure (e.g., PTSD symptoms). When two numbers are the same or similar, more than one number might be bolded or italicized for a given network type

PTSD posttraumatic stress disorder, *CESD-20* Center for Epidemiologic Studies Depression Scale-20

2.2.2 Results

The results focus on personal networks and the relationship between these networks and gendered well-being. Average levels of reported posttraumatic stress symptoms, reported functioning problems due to posttraumatic stress, depression symptoms, and potentially stressful household conditions are examined through a comparison of the four network types. We make these comparisons in each context—resettled women, resettled men, non-resettled women, and non-resettled men. Then we present the distribution of these types of networks among the different context combinations in order to understand what kinds of networks predominate.

2.2.3 Well-Being by Network Typet

Table 2.1 summarizes the difference between settled and non-settled men and women for each of the four network types across four different scales for the Mexico sample, while Table 2.2 does the same for the Ecuador sample. For each of the four scales in the columns, higher numbers indicate worse conditions. In Mexico, interviews took place 7–8 years after the onset of the most recent large eruption and

Table 2.2 Gendered well-being in Ecuador by resettlement status and network type

			Mean # of PTSD symptoms	Mean # of functioning symptoms	Mean recent depression	Mean ecological well-being
Women	Not resettled	Tight	8.3	*1.3*	11.5	10.3
		Extending	8.1	1.7	*11.2*	11.0
		Subgroups	*6.3*	*0.9*	*7.6*	*9.7*
		Sparse	*8.0*	*0.5*	10.5	7.0
	Resettled	Tight	*9.0*	*1.4*	*12.3*	*11.2*
		Extending	8.7	*1.4*	*17.0*	*11.9*
		Subgroups	*8.6*	1.4	*15.9*	9.5
		Sparse	*12.0*	*2.6*	*15.6*	8.4
Men	Not resettled	Tight	*6.5*	1.5	*7.1*	*7.6*
		Extending	*6.5*	*1.5*	12.4	*7.1*
		Subgroups	7.5	*1.7*	11.3	9.5
		Sparse	*8.0*	1.5	*7.0*	*14.5*
	Resettled	Tight	7.7	*2.1*	8.3	8.1
		Extending	*9.4*	*2.5*	13.9	11.0
		Subgroups	7.9	*1.5*	11.6	*8.4*
		Sparse	9.5	*2.3*	9.8	*4.8*

Italicized numbers indicate the lowest score (best well-being) and bolded numbers indicate the highest score (worst well-being) when considering resettled women, resettled men, non-resettled women, and non-resettled men for a single network type (e.g., tight) for a single measure (e.g., PTSD symptoms). When two numbers are the same or similar, more than one might be bolded or italicized for a given network type

the landslides, while in Ecuador interviews took place about 4 years after the largest two recent eruptions, and 1 year after the people moved into the resettlement housing. In each table, numbers that are italicized indicate the lowest score for the column and the particular scale item, while bolded numbers indicate the highest. For example, the number 16.6 is bolded in the first row because it is the highest mean depression score for networks labeled "tight." The number 4.2 in the second row is italicized because it is the lowest score among networks coded as "extending."

A large number of bolded numbers are associated with resettled women of all network types. In contrast, a large number of italicized scores are associated with non-resettled men. Different network types did not seem to be associated with much variation in well-being except that subgroups and sparse networks showed much greater well-being for non-resettled men than did the denser networks (i.e., tight and extending networks are typically denser). Otherwise, resettled men fared somewhat worse than did non-resettled women. For men in resettled sites, sparse networks generally were associated with the better well-being scores perhaps suggesting that these men are branching out into new networks in order to access resources and support (and thus people within a person's network do not tend to know one another).

In general, there are several major patterns related to gender and resettlement status in Mexico:

1. Networks comprised of subgroups are associated with the best or next to best mental health and household conditions scores in all four groups.
2. Networks comprised of subgroups in non-resettlement settings for both men and women are associated with relatively good mental health and household conditions compared to women and women in resettlement settings.
3. Tight networks are associated with the poorest mental health and household conditions scores—or next to poorest scores in a few cases—for both genders in both resettled and non-resettled settings.

In Ecuador, resettled women also reported lower well-being than did non-resettled men and women and resettled men, and depression symptoms in particular were much higher for them than for other men and women (Table 2.2). Nonetheless, resettled women with non-sparse networks generally reported the lowest problems regarding the ability to function with day-to-day responsibilities. Otherwise, resettled men experienced relatively poor well-being primarily related to how well they thought they were functioning in light of the posttraumatic stress symptoms they were experiencing. Thus, although their posttraumatic stress was not particularly high compared to non-resettled men and women, their ability to function was more of an issue for them. Non-resettled men and women generally experienced intermediate or better well-being scores, with little overall difference between them, as seen in Table 2.2.

Again in Ecuador, several broad findings associated with gender and resettlement status are apparent:

1. Tight networks are associated with relatively good well-being scores for non-resettled men compared to other men and women.
2. Extending networks tend to be associated with worse well-being scores for both resettled men and resettled women.

For women in resettled sites in Ecuador, mental health was worse in sparse networks. However, sparse networks were associated with better household conditions for these women. For women in non-resettled sites, subgroups appear to be the most psychologically protective network type, although sparse networks are not far behind—especially for household conditions. For men in resettled sites, extending networks are consistently associated with poorer well-being scores. For men in both non-resettled sites and resettled sites, tight networks generally have better well-being scores. However, resettled men in sparse networks reported the best household conditions compared to other men and women.

2.2.4 Distribution of Network Types

The distribution of social network types in Ecuador and Mexico by gender and by whether people were resettled or not is shown in Tables 2.3 through 2.6. After presenting the distribution of network types, the association of network types with social support and well-being is explored. The four network types were tight, extending, subgroups, and sparse.

Table 2.3 Distribution of network types by gender, country, and resettlement status

			Tight network (range 26–62 %)	Extending network (range 10–29 %)	Network w/subgroups (range 16–41 %)	Sparse network (range 0–26 %)
Mexico	Not resettled	Female (*n* = 34; total 100 %)	35	15	41	9
		Male (*n* = 25; total 100 %)	44	24	16	16
	Resettled	Female (*n* = 95; total 100 %)	28	18	40	14
		Male (*n* = 42; total 100 %)	26	29	19	26
Ecuador	Not resettled	Female (*n* = 36; total 100 %)	50	22	28	0
		Male (*n* = 42; total 100 %)	62	10	29	0
	Resettled	Female (*n* = 77; total 100 %)	31	27	35	6
		Male (*n* = 62; total 100 %)	48	24	21	6

Table 2.4 Most frequent network types, combining gender with resettlement status in each country

	Tight network	Extending network	Network w/subgroups	Sparse network
Lowest frequency	Mexico-resettled women and men	Ecuador-not-resettled women and men	Mexico men	Ecuador-not-resettled women and men
Highest frequency	Ecuador-not-resettled men	Mexico-resettled men	Mexico women	Mexico-resettled men

As shown in Table 2.3, sparse networks are the least common and tight networks are the most common, although the Mexico sample does have a higher number of sparse networks. This is partially an artifact of the sample as the Ecuadorian villages are much smaller than the Mexican study sites. Although there is some variation in the percentage of networks in each of these sites, there seems to be surprising uniformity within each network type.

The next three tables are drawn from Table 2.3 in order to capture the relative predominance of each gender by context (country and resettlement type) for each network type. Table 2.4 indicates that networks might not be just a predictor or cause of certain aspects of well-being. In fact, networks seem to be part of a feedback loop owing to the pressures of extreme events. In Mexico, networks comprised of subgroups appear to be most frequent for women and least frequent for men, regardless of settlement type. Otherwise, the other three network types all have notable differences in frequency in relation to settlement status. Mexico-resettled men have the highest number of sparse networks and the lowest percentage of tight networks when compared with others. Similarly, non-resettled Ecuadorian men have the highest frequency of tight networks. Notably, as shown in Tables 2.3 and 2.4,

Table 2.5 Most frequent network types for each gender, by country and resettlement status

	Tight network	Extending network	Network w/subgroups	Sparse network
Women lowest frequency	Mexico resettled	Mexico not resettled	Ecuador not resettled	Ecuador not resettled
Men lowest frequency	Mexico resettled	Ecuador not resettled	Mexico not resettled	Ecuador not resettled
Women highest frequency	Ecuador not resettled	Ecuador resettled	Mexico	Mexico resettled
Men highest frequency	Ecuador not resettled	Mexico resettled	Ecuador not resettled	Mexico resettled

Table 2.6 Predominance of each gender per network type in a country, by resettlement status

		More likely to have tight network	More likely to have extending network	More likely to have network w/ subgroups	More likely to have sparse network
Mexico	Not resettled	Male	Male	Female	Malet
	Resettled	Both	Male	Female	Male
Ecuador	Not resettled	Male	Female	n/a	n/a
	Resettled	Male	Female	Female	Both

One gender cited is higher by 10% than the other gender for that case

we see that women have only one network type where they are the extreme—in Mexico, they have the highest percentage of subgroups—but have low frequencies similar to men for tight networks in resettled Mexico and in not-resettled Ecuador.

Besides finding out when women are more likely than men to have a certain network type as in Table 2.4, we are interested in when females in each country are more or less likely than males to have a certain network type. In Table 2.5, we show which country and settlement status has the highest and lowest occurrence of a network type separately for females and males.

It is clear from Table 2.5 that the context (i.e., country by resettlement status) in which the lowest percentage and highest percentage of tight networks and sparse networks occur was the same for men and women. Women and men both had the lowest percentage of tight networks in the Mexico-resettled subsamples while the lowest for sparse network for both men and women in Ecuador were for non-resettled. The inverse is the case for the highest for each of these two contexts, with the Ecuador-not-resettled sample being the highest for tight networks, and the Mexico-resettled sample being the highest for sparse networks. This suggests that higher density occurs in the Ecuador-not-resettled samples and lowest density occurs in the Mexico-resettled sample.

In Table 2.6, we can quickly see which gender is more likely to have a certain type of network. Curiously, each country seems to have consistency between the genders, in that resettlement does not tend to predict which gender will have which kind of network—both resettled and non-resettled in a country are often the same gender as the most likely to have a certain kind of network.

2.3 Implications of Network Structure and Gendered Well-being in Disaster Settings

This analysis demonstrates a relationship between network structure and measures of well-being in different contexts and adds to our understanding of how the structure of personal network tends to be related to well-being. It is apparent, not surprisingly, that context is important and that one kind of network will not necessarily always do the same thing for one gender—there is no "one size fits all." We hypothesized that it matters how recently the event has happened, that it makes a difference how extreme the event has been in terms of ongoing effects as well as in terms of past trauma, and that it is significant whether resettlement occurred or not. Not only did we examine the relationship between network structure and well-being by gender but we also explored the predominance of different network types in these settings. We believe this is important because it is useful to know how many people of each kind are impacted or covered when remedial strategies or policies are implemented.

Enarson and Morrow (1997) propose reorienting disaster planning so that local gender relations and gendered activities are better incorporated. Generally, women should be able to directly influence recovery strategies in terms of design, implementation, and evaluation. Similarly, Norris et al. (2002) note the importance of support survivors to affect change, and others highlight the potential of informal support networks in the recovery process (Enarson 1998; Weist et al. 1994). In terms of the potential for informal support networks, policymakers must ask how relocation might result in a breakdown of community and of relationships. When relocation is not necessary, appropriate, or possible and even when relocation occurs, it is key to understand that suites of relationships do different things in different places. Having a tight-knit network helps in some settings, but hinders in others. Do women (or men) need flexibility to access other resources and opportunities, or do they need space away from conformist tendencies, or do they need everyone around them banded together in mutual support and collective action? This depends on the level of impact—past and current—as well as how recently the event occurred, whether resettlement is involved, and how evacuations have occurred.

Relocation strategies have relatively low chances of success without the participation of women who experienced the disaster. Beyond taking into consideration local beliefs, resources, skills, external linkages, existing social groups, and internal social obligations (Kozaitis 2002), and supporting the development of a representative women's committee with its own building/room and that might support micro-loans, handicrafts, literacy, violence reporting, community watch, traditional healing, reproductive education, water access, needs assessments, and distribution of assistance—our research suggests that women's personal networks are relevant for designing interventions.

Although resettled women in both Ecuador and Mexico reported the worst well-being scores for any network type, there was variation within the resettled women within each country that points to the role of personal networks. Subgroups were

promising for resettled women in both Ecuador and Mexico, which suggests the importance of building upon existing networks to include new and diverse relationships. In terms of leveraging personal networks or at least leveraging structural aspects of personal networks, we suggest the following:

Since women are more likely than men to have personal networks with subgroups and at least one-third of women have these subgroup networks on average, and since subgroups appear to be the most psychologically protective in non-relocated settings, policy for women in non-relocation settings should seek to help women diversify their personal networks and then help them to moderately integrate those new components of their network.

Since sparse personal networks are generally not protective for women in resettlement settings, and somewhat protective of men in resettlement settings, again, helping women integrate subsections or disconnected parts of their network would be important and this need not necessarily be done for men in resettlement settings.

Since women in recent resettlement settings tend to function, yet experience higher distress and depression than do men in these settings, care should be taken to provide mental health support so that there is not a large gap between function and distress that can cause greater stress and health problems. The focus of mental health support in resettlement for women would be on distress, while for men it would be on functioning.

The interplay of personal networks and gendered well-being following disasters helps to understand the dynamics of vulnerability and thus should be considered when looking at mitigation strategies, community sustainability, and resilience. In this regard, we have explored similarities and differences between women and men in Mexico and Ecuador in terms of how their personal networks figured into their well-being in resettlement and non-resettlement situations where disasters have occurred. The outcome suggests further study to determine more subtle roles of gender and networks in post-disaster settings.

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Chapter 3
Sexual and Gender Minorities in Humanitarian Emergencies

Jennifer Rumbach and Kyle Knight

3.1 Introduction

LGBTI (lesbian, gay, bisexual, transgender, and intersex) people are at risk for the same human rights abuses in humanitarian emergencies as the rest of the population. Social sidelining of LGBTI persons occurs both prior to and during emergencies due to harmful legal regimes[1] and religious, cultural, and societal stigma of perceived nonnormative sexual orientations and gender identities. When these existing stigmas are combined with the difficulties LGBTI persons face accessing emergency services due to the rigid normative systems that mitigate and determine access, LGBTI people can be pushed further to the margins. This may effectively exclude them from the basic protections and entitlements available to other emergency-affected individuals, and lead to extreme vulnerability in times of crisis.

Even when LGBTI persons are able to access the basic protection mechanisms and services available to the general population, emergency response tools such as camps, temporary shelters, sanitation facilities and supplies, centralized aid distribution areas, information points, and health centers may not be sensitive to their particular needs. There is a dearth of knowledge within international and nongov-

[1] As of 2013, 78 countries criminalize same-sex relations. Homosexual acts are punishable by death in Iran, Mauritania, Saudi Arabia, Sudan, Yemen, and some parts of Nigeria and Somalia. ILGA: http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2013.pdf_Homophobia_2013.pdf. Note that countries with no criminal laws against homosexuality may still use debauchery, public morality, and sodomy laws disproportionately against LGBTI people, and a lack of criminalization does not mean LGBTI people do not face extreme violence—including rape, torture, and murder—from state and non-state actors. See United Nations General Assembly Human Rights Council (2011).

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ernmental organizations (NGOs) about LGBTI issues, and about LGBTI concerns specific to emergency assistance, such as security, housing, toilet facilities, sensitive health care, trauma counseling, repatriation, and family unity and reunification. This lack of institutional capacity, coupled with a lack of training of staff and volunteers working with LGBTI populations, can further stigmatize, marginalize, and ultimately exclude LGBTI persons within the context of humanitarian assistance.

The structural limitations that exist for LGBTI persons in emergency situations include issues of documentation, the collapse of normal coping mechanisms and infrastructures, and the destruction of informal economies that can buoy security by providing economic stability. Seeking protection while migrating can also be wrought with obstacles unique to LGBTI people. The social marginalization LGBTI people experience can be exacerbated by the need for official registration during migration and while seeking assistance—which can include scrutiny of documents, assignments to gender-segregated facilities, and public reporting of private information—in systems that do not accommodate diversity with regard to sexual orientation and gender identity (SOGI). Such processes thus can be a humiliating, expository, and harmful experience, and result in insufficient care, if not complete exclusion. Because of this sidelining and exclusion from protection, health care, and other basic needs, LGBTI people can experience increased physical insecurity and psychological distress.

For these reasons, considerations specific to LGBTI populations are important in emergency response and disaster risk and reduction (DRR) planning. Moreover, LGBTI populations should be considered in each programmatic area of emergency response, rather than just in special programs tailored to protracted emergencies or post-emergency settings, which are often categorized as non-lifesaving activities. The consideration of vulnerabilities such as gender (albeit often in a framework specific to women and girls),[2] age, and disabilities is now seen as essential to responsible humanitarian planning. Likewise, considerations on how to uphold the human rights of LGBTI persons during a crisis should be seen as essential. Incorporating these rights early in the planning process will help create the conditions for the successful recovery of LGBTI populations later.

LGBTI individuals are entitled to the same human rights as all other persons. These rights are outlined in the Yogyakarta Principles, a set of 29 guiding principles on the application of international human rights law in relation to SOGI.[3] Created in 2006 by a group of international human rights experts, these principles have been adopted by the international community. They are used by such entities as the United Nations High Commissioner for Refugees (UNHCR) to define SOGI in line with international human rights language, and to understand the range of rights violations that LGBTI people face. The UN Human Rights Council and the Office

[2] For an example of the ongoing debate about what comprises gender-based violence (GBV), and how gender programming should be structured in relation to the definition of GBV, see Hamilton (2014).

[3] Yogyakarta Principles (2007).

of the High Commissioner for Human Rights (OHCHR) have, subsequent to the Yogyakarta Principles, further articulated the human rights of LGBTI people.[4]

Despite the fact that the Yogyakarta Principles are a nonbinding document, their uptake in international and domestic laws and policies around the world has been swift. An anthropologist analyzing the effect of the Principles argued that "the modesty of their demands, the stability of their foundations, and the strategic, inventive ways that activists have framed and deployed them from multiple points of entry in the global system" have contributed to their widespread and rapid application.[5] Nonetheless, the fluidity of identities, contested meanings, and frequent moral and political toxicity of discussions about gender and sexuality (and the people who express nonconforming genders and sexualities) push concepts of human rights to be comprehensive and inclusive beyond what many systems are structured to accommodate. This is no different in humanitarian emergencies, but the necessity of making response and relief programs and protocols LGBTI-sensitive and -inclusive could not be clearer, and the changes necessary practically modest.

This chapter offers examples of the experiences of LGBTI people in emergencies and the specific challenges faced during periods of unrest and while attempting to access the services designed to help. There is limited research on these experiences. The examples below are not offered as comprehensive, but rather are illustrative of some of the challenges and opportunities to protect LGBTI people in humanitarian programs. The chapter then addresses gathering data on LGBTI populations and explores several key areas where LGBTI persons face barriers to humane assistance during emergencies, including access to dignified movement, shelter, and livelihoods. It concludes by examining proxies—including humanitarian HIV protocols—and LGBTI-specific programming for refugee resettlement that might suggest approaches to improving protection mechanisms in emergency response and other postcrisis programming. Finally, it suggests recommendations for making emergency programs and protocols sensitive to the experiences and needs of LGBTI people.

3.2 The Experiences of LGBTI People in Humanitarian Emergencies

Several documented examples illustrate how LGBTI people in emergencies can be specifically affected by the sudden disruption to their lives and the lack of accommodation of their identities (and in some cases, appearances), including in official registers or on documents. Central to the considerations necessary for amending policies and programs to be sensitive to and inclusive of LGBTI people are the arguments gender and sexuality experts have put forward regarding the very meanings

[4] OHCHR, "Born Free and Equal," http://www.ohchr.org/EN/NewsEvents/Pages/BornFreeAndEqual.aspx; http://www.ohchr.org/Documents/Publications/BornFreeAndEqualLowRes.pdf.

[5] Thoreson (2009).

of the terms—namely, that in many quotidian interactions with systems and authorities, definitions of gender and sexuality understood by the individuals or communities themselves have less practical and immediate meaning in terms of how people get treated than the definitions assumed and enforced by officials in charge of security, transportation, registration, emergency aid, protection, and long-term durable solutions.[6] In short, gender and sex (and sexuality) often effectively "are" what the authorities say they are.[7] These official definitions may underlie harmful, discriminatory, or exclusionary policies or practices.

The specific features of an emergency contribute to LGBTI peoples' experiences of insecurity or vulnerability, including the type and length of the emergency, the ways in which and places to which displacement occurs, and the type of humanitarian response the emergency triggers. For example, in protracted emergencies that cause displacement, careful consideration must be given to the fact that individuals' identities—and the expressions and behaviors associated with those identities—change over time, which can impact access to services ranging from basic protection to the durable solutions for refugees.

To outline the experiences of LGBTI people in emergencies based on documented cases to date, it is important to consider how coping mechanisms and strategies collapse; how LGBTI people are sometimes treated as "unofficial;" how the categories for data capture can limit what is known about sexual and gender minorities and, therefore, their access to services and protection; and how humanitarian responses can create unintended impacts on, or overlook the needs of, LGBTI persons.

3.2.1 Coping, Collapsed

While it is incorrect to assume that everyone with same-sex attraction or gender-variant gender identity belongs to a "LGBTI community," social networks, informal organizing, and locally tailored formal organizations often provide crucial and nuanced security for LGBTI people around the world. According to the International Gay and Lesbian Human Rights Commission, to cope with harassment and discrimination, LGBT people "rely on the vigilance of family, friends, and sympathetic neighbors [and] … derive a sense of security from the ability to close a window or lock a door as both physical and psychological barriers against intrusion and violence."[8] NGOs and community-based organizations (CBOs) designed to support

[6] According to UNHCR, there are three durable solutions that allow refugees to rebuild their lives: voluntary repatriation, local integration, and resettlement to a third country. For more information on durable solutions, see UNHCR (2014b).

[7] "The meanings of [sex and gender] are widely contested in the hard and soft sciences, in the humanities, in legal theory, in women's and gender studies, and increasingly in popular discourse. Ultimately, the only thing we know for sure about what sex means, or what gender means, is what state actors, backed by the force of law, say those words mean" (Currah and Mulqueen 2011).

[8] Ibid.

LGBTI people sometimes become de facto service providers across a range of sectors, and principle sources of information and support for constituents.

When these structures—formal or informal—collapse, the people they serve can be left without support, even if formal support systems and services for the "general population" are in place. The collapse of these structures can also create a vacuum of skilled and knowledgeable local professionals who might otherwise influence the services offered to make them more LGBTI sensitive and inclusive.

The impact of emergencies on social infrastructure varies depending on what existed—formally or informally—before the disaster, how the emergency affected the population, and how relief and recovery plans altered the availability of services. Crucial aspects of social support include communication networks and the physical proximity of emergency-affected populations to their previous survival systems, such as supportive neighbors, friends, and family, and organizations offering safe spaces for LGBTI persons. The examples below illustrate these various issues.

In Indonesia following the eruption of Mt. Merapi in 2010, *warias* (people born biologically male with distinct feminine features and identity) sought refuge in their friends' homes instead of state- or NGO-run evacuation centers. One *waria* reported that generally *warias* chose not to stay in temporary shelters, but rather to seek help from friends for fear of facing discrimination and hostility at the evacuation sites[9].

In Haiti, the 2011 earthquake destroyed protective infrastructure, "from walls that ensured privacy at home to alleyways that made travel to clinics and gathering spaces safe. In the wake of the damage, people who had relied on specialized and often discreet services, such as HIV/AIDS clinics, were forced to turn to the common consumption of relief aid."[10]

Some forced relocation schemes in Nepal's Tarai region after the 2008 flooding did not take into account the need for access to many of the services that buoy *metis*' (male-bodied, feminine-presenting people) lives, including HIV services and LGBTI CBO social services.[11]

Kenya is host to one of the largest refugee populations in the world—more than 630,000 as of August 2012—with the vast majority having fled the crisis in Somalia and living in massive refugee camps.[12] NGOs in Nairobi that have the capability to provide direct assistance to LGBTI refugees reported to Human Rights First that the Dadaab refugee camp is too far away for them to access visible LGBTI populations.[13] Human Rights First reported that, as of 2010, there were no focused programs for LGBTI refugees within the camps, meaning LGBTI refugees have to travel to Nairobi to access any specialized services—an unrealistic proposition given the distance, restrictions on movement, and resources available to refugees.

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9 Benigno (2012).

10 International Gay and Lesbian Human Rights Commission (2011).

11 Sollom and Knight (2012).

12 UNHCR, "2013 country operations profile—Kenya," http://www.unhcr.org/pages/49e483a16.html.

13 Human Rights First (2012).

3.2.2 Unofficial People

In the aftermath of the 2004 Indian Ocean tsunami, which killed nearly a quarter of a million people in 14 countries, aid and relief organizations in India paid special attention to making services "gender sensitive." Recognizing that women were particularly vulnerable in post-disaster situations, women-specific outreach efforts were made to develop gender-sensitive programs.

However, in spite of these special considerations for gender, citizens who do not conform to a binary gender system—male or female—called *aravanis* (male-bodied, feminine-identified/presenting people) were excluded from relief programming because they did not fit neatly into the official categories for aid provision.

In the immediate relief programs, *aravanis* were excluded from temporary shelters and denied ration cards because their appearance and identity did not conform to the administrative definitions of man or woman.[14] Left off the official list of affected people eligible for post-disaster assistance, *aravanis* did not receive any compensation from the government for property losses. According to a leading Indian human rights lawyer, this exclusion from relief services had a widespread impact on the lives of *aravanis*, as it reinforced social prejudices during a time of great tension and need.[15]

In the Tarai region along the southern border of Nepal, heavy flooding in 2008 affected villages and displaced many of its residents. Discrimination against *metis* and their families during relief distribution and relocation included *metis* being told they were not "full" or "real" people deserving of the amount of aid given to non-*metis*.[16]

In one case, a couple that included a *meti* reported they were denied food by relief officials because the couple did not have children and, according to the official's argument, therefore did not require food as much as households with children. In another case, a family with a *meti* child reported receiving only half of the normally allocated amount of food relief because their child was not "full."[17]

In the wake of tropical storm Ketsana and typhoon Parma in 2009 in the Philippines, especially in rural areas, the *baklas* (people who were assigned a male gender at birth but have feminine identity and appearance) were often tasked in place of others to do household chores deemed dirty and labor-intensive, such as cleaning the mud from the house, fetching water, and gathering firewood. In some instances, researchers documented preference being given to non-*bakla* children in terms of food distribution within the family—some young *baklas* were given food only after their siblings had eaten.[18]

[14] Pincha (2007).

[15] Knight (2011).

[16] Knight and Sollom, *supra*, note 12.

[17] Ibid.

[18] Balgos et al. (2012).

During 2011 flood relief efforts in Pakistan, reports emerged that transgender women[19] were left out of the aid efforts and denied from internally displaced persons (IDP) camps because of general prejudice, their nonconforming appearance, and their lack of proper identification documents.[20] *Hijras* were sometimes denied access to relief services because their appearance did not match the gender listed on their identity documents.

According to a local transgender rights NGO, although the Pakistani Supreme Court directed the government to issue identity documents recognizing a third gender in 2009, none had been issued as of 2011. As a result, many transgender citizens lack any identification documents at all because, according to the NGO, "a lot of transgenders get separated from their parents from a very young age and are unable to get their parents' ID cards and other supporting documents which are required to get an ID."[21]

Human Rights First reported in 2012 that a bisexual refugee and her child living in Uganda were beaten by refugee camp neighbors who disapproved of her sexual orientation, as well as removed from the queue for food along with other LGBTI refugees. They were told that if they formed their own queue, the servers would not assist them. Thus, they were often denied access to food.[22]

3.2.3 Insufficient Categories

Research on urban refugees by the Hebrew Immigrant Aid Society has argued that the limited categories available for LGBTI people to self-identify "may effectively exclude or lead to the rejection of individuals whose gender or sexual identity does not clearly conform to the categories of lesbian, gay, bisexual, transgender, or intersex."[23] As we discuss later, there is a dearth of research on how to effectively include a broad spectrum of identities in data collection schemes or protocols. However, the experiences outlined below illustrate the harms of exclusion that can result from the limited scope of assessment tools or program design.

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[19] Some details on the context of the term "transgender" in this case in Pakistan: "Across South Asia, the term 'hijra' refers to people who are born male, but identify as more feminine, and traditionally undergo castration and live in communities with other hijras under a community leader. In a popular essay on the hijras of India, scholar Serena Nanda explains: 'The cultural notions of hijras as 'intersexed' and 'eunuchs' emphasize that they are neither male nor female, man nor woman. At a more esoteric level, the hijras are also man plus woman, or erotic and sacred female men.'" (429 Magazine 2013).

[20] LGBT Asylum News (2011).

[21] Knight, *supra*, note 16.

[22] Human Rights First, *supra,* note 14.

[23] Hebrew Immigrant Aid Society (HIAS) for the Bureau of Population, Refugees, and Migration of the US Department of State, "Invisible in the City: Protection Gaps Facing Sexual Minority Refugees and Asylum Seekers in Urban Ecuador, Ghana, Israel, and Kenya," February 2013: http://www.hias.org/uploaded/file/Invisible-in-the-City.pdf.

Categories related to SOGI can manifest on forms or in official data registers, or in the ways programs or infrastructure are designed and constructed.

During the 2004 Indian Ocean tsunami in Tamil Nadu, the exclusion of *aravanis* was documented by Oxfam. *Aravanis* are also called *hijras* or *jogappas* in some areas of India and identify themselves as neither male/man nor female/woman. Facilities designed to exclusively cater to either male or female persons prevented *aravanis* from using toilets and showers in evacuation centers, impeding access to basic sanitation services and causing public humiliation.[24]

After Indonesia's 2010 Merapi eruption, *warias* were not identified as an affected group of people, effectively barring them from inclusion in relief and assistance programs after the volcanic eruption: "Since they were not included in the official list of affected people eligible for post-disaster assistance, they did not receive any compensation from the government."[25]

For some *bakla* in the Philippines, accessing gender-segregated toilets and shower facilities in temporary shelters has been an embarrassing or humiliating experience. Many report they would feel more comfortable in female facilities. The social norm associated with their masculine bodies compels them to use male bathrooms, where they suffer from mockery and harassment.[26]

A similar incident occurred in the wake of Hurricane Katrina in the USA. In what became a widely reported case of discrimination, a transgender woman who had not undergone sex reassignment surgery[27] and presents as a woman, Sharli'e Dominique, was jailed after using the shower facilities designated for women in a temporary shelter at the Texas A&M University.[28]

As relief programs for Katrina-affected people were established, several employed administrative systems that made assumptions and arrangements based on opposite-sex marriage and family structure, which resulted in discrimination against LGBTI persons, same-sex couples, and families. In some cases, it prevented them from receiving federal aid and accessing health care. One researcher commented: "Speaking of the challenges 'women' face in post-Katrina New Orleans, there are two problematic underlying assumptions: that the category of woman is stable and coherent and that women are heterosexual."[29]

In practical terms, these assumptions can manifest harmfully when relief organizations such as the Red Cross establish the definition of a "family"—a factor in determining the eligibility of individuals and families for various services such as emotional support, financial assistance, and emergency aid and health care. After Katrina, some surviving same-sex partners and immediate family members (spouses

[24] Chaman Pincha, *supra,* note 15.

[25] Knight et al. (2012).

[26] Balgos, B., Gaillard, J. C., & Sanz, K., *supra*, note 19.

[27] In the USA, legal gender change requirements vary from state to state, but many require years of psychotherapy and certification by a psychiatrist, plus genital surgery and certification of such by a physician to even apply for one's gender to be changed on official documents.

[28] D'Ooge (2008).

[29] Ibid.

and children) of LGBTI persons were negatively affected by such eligibility criteria and were denied access to these support services.[30]

Same-sex families can also be negatively affected during processes such as refugee resettlement if they do not feel able, or are not offered the opportunity, to declare their partnership, for instance, because they are asked limiting questions about the opposite sex, or because they believe the staff member handling their case may bar them from receiving any benefits if they disclose a same-sex relationship. In some cases, same-sex couples have been separated during the resettlement process as a result. Given that many same-sex relationships are not documented, advocating for the reuniting of such families could be difficult in the future.

While improved measures have been put in place by UNHCR and other organizations to ensure same-sex couples are not separated even temporarily during resettlement—such as including both partners on the same resettlement referral when possible, or linking referrals for countries that require same-sex couples to be on separate cases, so the couple will not have to travel to the resettlement country separately[31]—agencies are only able to assist those individuals who inform them of same-sex partnerships. Removing barriers to LGBTI individuals sharing this critical information, and ensuring organizations synthesize the information in an appropriate manner, is key to ensuring that human rights are not violated by insufficient categorization or intake procedures.

3.2.4 Insufficient Responses

Even targeted relief programs that are well intentioned can have negative impacts on marginalized groups by rendering the services inaccessible. Relief programs targeting women only, for example, have been problematic for transgender people and people who do not live in a home with a female who qualifies as head of household, such as gay men. Moreover, programs targeting a specific population, such as women, make assumptions about what it means to qualify as a "woman" and reinforce definitions of that population.

After the 2011 Haiti earthquake, gay men were effectively denied access to emergency food rations under schemes that were specifically designed to get food to women. According to research by the International Gay and Lesbian Human Rights Commission (IGLHRC), a gay man at an IDP camp who attempted to stand in a women-only queue dressed as a woman in order to receive food rations was discovered by others in the queue and harassed until he ran away, effectively barring him from accessing food in the camp. The women-targeted policy, IGLHRC states, "had the unintended side-effect of excluding many gay men and transgender people in need."[32]

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[30] Eads (2002).

[31] UNHCR (2011).

[32] International Gay and Lesbian Human Rights Commission, *supra*, note 11.

Given the lack of documented examples of assistance to LGBTI refugees, migrants, and displaced persons in recent humanitarian emergencies, it is impossible to know how many thousands of LGBTI people might have been adversely affected during emergencies by discrimination, gender binary (only male and female) services, the absence of assistance tailored to LGBTI peoples' needs, the lack of knowledge about or access to existing LGBTI-specific services by LGBTI populations, severe time limitations for response that disallow the necessary attention to be given to vulnerable populations, and the general invisibility of LGBTI people to the aid community.[33]

But it is also important to note that invisibility and life at the margins of society is not necessarily a life without autonomy on the part of LGBTI people. Research about urban refugees has revealed how invisibility can be a deliberate strategy for LGBTI people, who often employ creative strategies to achieve and maintain their safety—including by remaining invisible—amid what can be horrific conditions.[34] While visibility in terms of being captured in data sets and accessing safe, appropriate services is important, it is equally important to acknowledge that forcing LGBTI people to "reveal" themselves in various fora can cause harm.

The challenge thus presented to aiding organizations is to ensure all LGBTI persons—not just those made visible to the organizations by the individuals themselves—are informed they have the option to share their sexual orientation or gender identity with an aid worker, and that in doing so their confidentiality and dignity will not be violated. They must also be assured they will benefit from sharing this information by receiving appropriate care or referrals to sensitive services. Critically, however, organizations must ensure these assurances are true: In other words, that they are not just promises made, but also operationalized according to strict and closely monitored guidelines. Relevant staff should be appropriately trained, and appropriate care and sensitive services must exist. If assurances are made but not closely followed, organizations could put LGBTI persons at great personal risk and cause long-lasting psychological damage and mistrust of aid organizations and assistance systems.

3.3 Gathering Data About LGBTI Populations

Gathering accurate quantitative data about LGBTI populations is a complicated and delicate task. Nonetheless, research has shown that collecting information on surveys about SOGI is not only necessary for policy-making but also possible to conduct without sacrificing respondent retention.[35] Surveys are not only crucial in

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[33] For more on the lack of engagement with sexuality issues by the international aid community, see: Sida (2010).

[34] HIAS, *supra*, note 25.

[35] The Williams Institute (2009). For more examples, see: Massachusetts Department of Public Health (2008).

terms of assessing needs but also for monitoring and evaluating impact. Incorporating marginalized or vulnerable groups into humanitarian data sets has happened through a variety of channels.

Experts have studied sexual and gender minority populations with varying degrees of success, and conducted meta-studies of data collection methodologies in an attempt to understand how best to gather sensitive, accurate, and meaningful information about LGBTI people. Methodological issues range from debates over definitions of terms to the safety of respondents and their information, to the policy-level significance of various ways in which we come to know about LGBTI people and use that knowledge. In an attempt to distill best practices for gathering accurate and meaningful data on LGBTI populations, experts have stressed that three components must be considered: identity, behavior, and attraction. None of these metrics has an unquestioned or universal definition.

Gary Gates, a leading SOGI demographer, begins to unravel some of the complexities:

> While measuring sexual behavior may seem relatively straightforward, this construct still raises issues with regard to the frequency and timing of that behavior. For example, is one consensual same-sex sexual encounter in a lifetime really a factor in an individual's sense of sexual identity? Is it a factor in some objective sense of sexual identity?[36]

While Gates is writing in an American context and using the definitions of SOGI as prescribed by the American Psychological Association, the arguments he makes in much of his research map onto concerns related to the design of other contexts, including humanitarian assessment tools. For example, unclear and fluid definitions of often deeply personal and private identities and behaviors, and the fact that many people choose to keep their sexual orientation or gender identity a secret, may mean that for a portion of the population, "we are attempting to measure a population that, by definition, does not want to be measured."[37]

Moreover, identities, behaviors, and attractions can change over time.[38] With the most recent UNHCR data showing the average major refugee situation lasting 17 years, the ways SOGI are defined in data sets and registration and refugee status determination processes (and then, arguably, in policies and protocols)—and the degree to which those processes are inclusive of LGBTI refugees in terms of their access to being counted, and the security risks involved in doing so—can affect a significant portion of an individual's life.[39] The changes in how people self-identify, behave, and present themselves to others also affect the distinctive nature of

[36] Gates (2012).

[37] Ibid.

[38] While there is much debate over the various factors that influence sexual orientation and gender identity, there is an understanding that shifts in how people self-identify happen as result of many factors—including cultural, linguistic, age-related, and geographic factors—and that a change in identity, behavior, or attraction should not trigger or result in any lesser scrutiny when it comes to upholding peoples' human rights.

[39] UNHCR (2006).

characteristics data protocols and field staff may associate with LGBTI populations, therefore impacting access to services.[40]

While identities—and their corresponding labels—change due to a range of factors, including fears of personal safety after disclosure, ways in which lesbian, gay, and bisexual identities are defined and measured can have a profound impact on what data tell us. Gates offers this example:

> Using identity as our definition of (lesbian, gay, and bisexual) LGB when analyzing the GSS data, we find that 1.2 % of adults are bisexual compared to 1.4 % who are lesbian or gay…. But if we define LGB based solely on behavior, those proportions change substantially. Since age eighteen, 6.8 % of adults report both same-sex and different-sex sexual partners compared to just 1 % who say they have had only same-sex sexual partners.[41]

Experts have identified several ways in which transgender identities can be measured, ranging from asking a single question about a specific identity trait to asking more than one question to gather information on a transition process.[42] Carving out specific space for transgender-related questions is crucial: "Because sexual orientation and gender identity are constructed as 'distinct' identities by both our communities and society at large, logic follows that there must be at least two questions to locate LGBT participants in any study."[43] Nonetheless, in some cases—such as in Nepal where a third gender is legally recognized[44]—the categories of SOGI are not rigidly separated, and in some cases certain identity categories do not fit neatly into one or the other. In some contexts, SOGI term definitions often feature sexual attractions and behaviors the individuals categorized under that term are assumed to possess. As a result, these identity categories do not necessarily fall under a sexuality or gender heading discretely, and can defy both in various ways. For example, *hijras* "could be men who cross-dress, castrated men, or intersexed individuals…. *Hijra* is not a sexual identity but more to do with gender, the 'third sex' as it is sometimes called, neither man nor woman. A *hijra's* sexual acts (for instance, with men) therefore defy understanding of both heterosexual and homosexual."[45]

Thus, flexibility in answer choices must be maintained to remain inclusive. Advocates argue: "For transgender people, as for other historically marginalized communities, to be counted is to count in important…discussions about policy, resource allocations, and other issues that affect transgender lives" and call for "routinely including transgender-inclusive gender-related measures in data collection

[40] Gates suggests: "The evolution of racial and ethnic identity may be constructive in how we think about these issues. Fifty years ago, the Census categorized your race based upon the Census enumerator looking at your skin color. Today, individuals are free to define their racial and ethnic identities separate from how they look. We consider this to be an advance in how we think about race and ethnicity in our society. In the LGBT framework, we might ask, is it correct to impose an LGBT identity based on observation of particular behaviors rather than on personal affiliation?" Gary Gates, *supra,* note 37.

[41] Ibid.

[42] The Williams Institute (2013).

[43] Ibid.

[44] Knight (2012a).

[45] Baudh (2008).

efforts."[46] Arguments that adding "LGBT questions" to general surveys is "too sensitive" have been debunked.[47]

Humanitarian assessment surveys are conducted to call for resources, allocate the resources received, design programs, and trigger responses from various actors to urgent needs. However, there are many issues that affect the reliability of even the most basic data collected.[48]

While identifying vulnerable groups is an important part of humanitarian data collecting, definitions of vulnerability are contested and contingent on a number of factors. An analysis of humanitarian assessment practices by the Overseas Development Institute (ODI) explored the concept of vulnerability and how data collected on those grounds can affect humanitarian assistance:

> Agencies and donors, in their search for the most vulnerable, may concentrate resources heavily on a particular group (such as widows in Kabul) while neglecting others—the result of which may be a partial response in both senses of the word. Not belonging to a "vulnerable group" can itself be a major vulnerability factor.[49]

Surveys of marginalized or vulnerable populations, such as persons with disabilities and older people,[50] conducted in humanitarian emergency settings can also provide practical examples for gathering information about LGBTI people. The United Nations recently launched its first ever survey of people with disabilities living in disaster zones.[51]

Formal assessments themselves vary in the extent to which they are systematic, follow standard methodologies, or produce results that are reliable and from which programs and concepts can be built. But the incorporation of carefully crafted questions about SOGI into humanitarian assessment tools could solve several potential issues this chapter outlines—for example, that the "LGBTI" acronym does not necessarily account for the identities or experiences of all sexual and gender minorities. In other words, "assumptions about the needs and risks faced by particular groups can be dangerous, and targeting on this basis may not result in impartial response. Such assumptions—which may indeed be well founded and based on evidence—should be made explicit, and should be tested."[52]

[46] The Williams Institute, *supra*, note 43.

[47] Harrison et al. (2011–2012).

[48] An example of such a concern is populations made "invisible" by war, as in parts of Angola and eastern areas of the Democratic Republic of Congo (DRC), where population figures varied significantly: Recent estimates for the population of Ituri Province in eastern DRC vary between 1 and 4.5 m. This and a variety of additional constraints affect the reliability of other crucial demographic information. Estimates of the number of deaths attributable to the conflict in DRC, while generally reckoned in the millions, remain uncertain and contested—an uncertainty that surrounds mortality and other data for similarly inaccessible contexts. See: Humanitarian Policy Group (2013).

[49] Humanitarian Policy Group, *supra*, note 49.

[50] Fritsch and Myatt (2011).

[51] ReliefWeb (2013).

[52] Humanitarian Policy Group, *supra*, note 49.

According to guidance based on other surveys,[53] incorporating SOGI questions into humanitarian emergency needs assessment surveys should be undertaken with careful consideration of the following elements:

- Avoid placing SOGI questions adjacent to sexual abuse or sexual violence questions.
- Incorporate comprehensive questioning where possible: Ask about identity, attraction, and behavior.
- Make marriage, partnership, and cohabitation questions inclusive so that data sets identify same-sex couples.[54]
- When possible, place sexual orientation- and gender identity-related questions on self-administered portions of the survey.
- Train interviewers and enumerators involved in assessment programs to ask questions about SOGI professionally and respectfully, and answer any associated questions that might be asked.

3.4 Key Challenges for LGBTI Persons in Emergencies

As described in the examples from recent crises outlined above, humanitarian emergencies present unique challenges for marginalized populations, including increased administrative burdens and threats of public humiliation when interacting with strict, security-oriented systems such as camp administrations and law enforcement authorities, loss of access to the support systems, networks and organizations that previously ensured their safety and survival, and, in seeking new means of support, the risk of exposure to persons who may further marginalize, abuse, or threaten them in settings such as borders, camps, temporary shelters, aid distribution queues, and public toilets.

In addition to the public moral scrutiny LGBTI people face—including being blamed[55] for causing natural disasters, including mass animal deaths, tsunamis, and earthquakes, or scapegoated[56] during times of crisis or panic—the official scrutiny of peoples' bodies, documents, families, and behaviors in emergency situations can put LGBTI people at risk in a wide variety of situations. These include moving

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[53] The Williams Institute, *supra*, note 36.

[54] Research in the USA has shown that using partnership questions to measure sexual orientation can be effective. Some surveys that have not asked direct questions about sexual orientation have changed their marital status questions and response options to include "living with partner" (and related categories) to capture the overall rise in nonmarital cohabitation in the USA. These surveys have produced valuable data orientation because researchers can use information on household sex composition to create samples of individuals in same-sex cohabiting relationships who are very likely to be gay and lesbian couples (Black et al. 2000).
Christopher (2004).

[55] The Advocate (2012).

[56] UNHCR (2012b).

internally or across international borders, living in shelters or camps, and seeking to restore lost income, including in informal economies, which have often-overlooked significance in supporting LGBTI peoples' autonomy and safety.

3.4.1 On the Move: Expressing Identities, Guarding Privacy, Crossing Borders

Displacement occurs in many humanitarian emergencies. In approximately two thirds of emergency situations involving displacement, individuals remain displaced within their own countries; in approximately one third, they cross an international border during their flight.[57] Those who do cross international borders may subsequently be granted or seek refugee status, or may seek asylum, which presents its own host of challenges. Moreover, LGBTI individuals who find themselves in a new country may find they are doubly marginalized: as refugees or asylum seekers and as LGBTI persons.[58]

Movement—travel or migration, voluntary or forced, across international borders or within a single country—can be a high-risk experience for LGBTI people. Persons who are perceived to be nonheterosexual or gender nonconforming can experience risk when they come into contact with discriminatory transport staff, immigration and border officials, members of militaries or militias, police officers, unwelcoming local or refugee populations, government asylum systems, or even discriminatory assistance organizations. For transgender people, travel or migration often calls for multiple (potentially invasive) identity checks in high-security environments such as travel stations, security checkpoints, or border crossings.

While there is limited information about LGBTI peoples' experiences with movement during different kinds of emergencies, lessons can be drawn from experiences, policies, and practices in other high-security situations, such as airports. The experience of passing through an airport involves close examination of documents, and security procedures ranging from physical contact with authorities for "pat downs" to x-ray screens of travelers' bodies. This increased personal scrutiny can be problematic for people whose appearance is not considered hetero- or gender-normative or conforming, people whose identification documents do not match their appearance, or people whose bodies do not match the appearance or anatomy that security officials assume corresponds with gender markings on a travel document. Scrutiny can result in humiliation for LGBTI people, and even put them in

[57] According to UNHCR, two-thirds of displaced individuals globally remain within their own countries. Approximately 28.8 million persons are displaced worldwide; at the beginning of 2012, 10.4 million were refugees: http://www.unhcr.org/pages/49c3646c11.html.

[58] On the subject of double marginalization of LGBTI refugees, Dale Buscher notes, "The term 'double marginality' has been coined to highlight how the effect of being both LGBT and a refugee is not simply the cumulative sum of belonging to both groups but rather that these marginalisations are compounded, yielding profound distancing from traditional support systems and resources" (Buscher 2011).

danger when privacy is not assured during the process or security officials or local laws pose a threat.

In an article examining airports as an example of a high-security experience for transgender people, Paisley Currah and Tara Mulqueen argued that at airports, expectations of gender often reflect the "common sense" that gender is an unchanging biometric characteristic, or

> that there is a perfectly harmonious relationship between the sex classification an individual is assigned at birth based on a visual inspection of the body (what one was), one's current "biological sex" (what one is), one's gender identity (what one says one is), one's gender presentation (what one looks like to others) and the gender classification on the particular identity document one proffers.[59]

And when documents do not match expectations, it is an anomaly, which, experts argue, "is an event that automatically triggers higher levels of scrutiny."[60]

The task of legally assigning sex or gender to citizens has arisen relatively recently.[61] Matching appearance, and the assumptions one derives from an individual's appearance, with documents is often based on arguments of "common sense" that gender classifications are obvious and clear, and that these classifications are uniform across administrative systems. In a report examining the transgender rights movement in the Netherlands, Human Rights Watch argued,

> For many trans people, one of the most distressing consequences to having the wrong gender in their identity documents is that they repeatedly have no option but to reveal to perfect strangers … details of a particularly intimate aspect of their private lives, namely that they are transgender.[62]

Most countries that allow gender to be legally changed (many do not at all) still require intense—often medicalized and expensive—processes to change gender markers on documents. Some countries, however, are allowing gender identity to be increasingly based on self-identification when it comes to travel documents.

The United Nations' International Civil Aviation Organization (ICAO) and the Convention on International Civil Aviation set the standards for gender on internationally accepted travel documents. According to the ICAO, there are four mandatory personal data points on all international travel documents: name, date of birth, nationality, and sex. ICAO standards for machine-readable passports indicate that sex may be listed as unspecified—or "X"—both in the part inspected by humans and in the part that is read by computers.[63]

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[59] Currah, P. and Mulqueen, T., *supra,* note 8.

[60] Ibid.

[61] Marybeth and Greenberg (2005).

[62] Human Rights Watch (2011).

[63] Convention on International Civil Aviation, art. 37, signed Dec. 7, 1944, 15 U.N.T.S. 295. Standards for machine-readable passports were published in Doc 9303. INT'L CIVIL AVIATION ORG., DOC 9303:MACHINE READABLE TRAVEL DOCUMENTS (6th ed. 2006), available at: http://www.icao.int/Security/mrtd/Downloads/Forms/AllItems.aspx?RootFolder=/Security/mrtd/Downloads/Doc%209303/Doc%209303%20English. In the Visual Inspection Zone of the passport, the "sex" field must be filled in as follows: "Sex of the holder, to be specified by use of the single initial commonly used in the State where the document is issued and, if translation into English, French

Transgender rights advocates have argued that forcing anyone to list a sex or gender category on a document other than the one that corresponds to his or her identity amounts to “policing gender” and a human rights violation.[64] Widespread consensus among advocates is that the best practices are those that allow all people to self-identify the gender that is listed on their official documents.[65]

The use of sex as an identifying characteristic is relevant in security administration as well as in state obligations to protect people. For example, sex segregation in prisons (discussed in the next section), an essential protection measure reflected in international and virtually all domestic detention standards, would be impossible without knowing and documenting the sex of citizens. Similarly, programs such as public health rely on sex-specific data as males and females have different health needs.[66] However, some argue that “[gender] also frequently operates in contexts where it is an ineffective proxy for determining some other piece of information.”[67]

In 2011, the UN High Commissioner for Human Rights applauded Australia’s introduction of the “X” category on passports, remarking:

> Without official recognition of their preferred gender, transgender and intersex individuals face a wide range of practical, everyday challenges—for example, when applying for a job, opening a bank account or travelling…. Making it simpler for people to obtain official documents that reflect their preferred gender will make life easier for thousands of people, in the process removing barriers that until now have prevented them from exercising their human rights on an equal footing with others.[68]

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or Spanish is necessary, followed by a dash and the capital letter F for female, M for male, or X for unspecified.” In the Machine Readable Zone of the passport, sex must be marked as “F=female; M=male;<=unspecified.” Here, X is replaced with a “<” filler symbol, which is used in other places (for example, in place of hyphens in names).

[64] Knight (2012b).

[65] For example, Australian citizens are required to list their gender on passports as M (male), F (female), or X (unspecified). While changing gender on documents requires a certifying letter from a doctor, sex reassignment surgery is not required to issue a passport in the preferred gender. The letter from the medical practitioner must confirm intersex status or “appropriate clinical treatment” for gender transition. If unable to obtain a letter from a doctor, citizens can apply for a document of identity with the gender marker field left blank, then complete the passport application.
In New Zealand, people have the option of changing the gender on their passports, also to M, F, or X. To get a name change, a family court must approve. However, to obtain the gender change (including to “X”), citizens must simply submit a statutory declaration indicating how long they have been living in their current gender identity. The declaration must also promise that should the person’s gender identity change in the future through a court process, a new application and full fees will apply in order to have the new gender identity recorded in the passport. Citizens are not required to change their name to apply for a change in gender (including the “X”) in their passport.
India has issued passports to people who identify as a third gender, denoted by an “E” for “eunuch,” since 2005 and a 2014 Supreme Court judgment recognized a third gender category fully.
Nepal’s Supreme Court established a third-gender category in 2007, and ruled in 2013 that the government must issue passports according to the gender (male, female, or other) as listed on citizenship documents. Nepal’s policy for changing one’s gender on citizenship documents requires an affidavit, but no medical intervention or examination. National Legal Services Authority versus Union of India http://hostb.org/15D.

[66] Spade (2008).

[67] Ibid.

[68] OHCHR, “Pillay welcomes Australian decision on identity for transgender and intersex people,” September 16, 2011: http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=1

LGBTI persons who cross international borders due to humanitarian emergencies may subsequently seek asylum or refugee status, particularly if they are fleeing from conflict. In some cases, they may choose to include their sexual orientation or gender identity within their refugee or asylum claim—which may, on the whole, be related to the emergency from which they fled—even if it was not the primary reason for their flight. Doing so may impact the outcome of their claim, as well as the durable solutions eventually available to them, especially if they originate from one of the numerous countries around the world where LGBTI people are persecuted.[69]

However, claiming asylum or refugee status due to sexual orientation or gender identity can be fraught with difficulty. According to Volker Türk, director of international protection at the UNHCR,

> While the world has come a long way since first recognizing asylum claims based on sexual orientation and gender identity in the 1980s, residual factors ranging from criminalization to disbelief result in LGBTI people suffering at the hands of a variety of actors as they flee oppression and seek safety.[70]

Despite increased international attention to the human rights of LGBTI people in recent years, challenges remain in terms of offering appropriate protection in the refugee protection and asylum sphere, including how to gather information about sexual and gender minorities, how to interpret that information sensitively and accurately to provide protection, and how to amend policies and programs so that they are sensitive to and respectful of the needs of LGBTI people without endangering people due to forced disclosure of sexual orientation or gender identity.

Even when individuals share their minority sexual orientation or gender identity during their request for refugee status or asylum, the systems put in place by host governments may not be supportive, or worse, may be discriminatory. This can leave LGBTI persons who have a genuine fear of returning to their country of origin, including after the emergency situation that caused them to flee ends, with little recourse or support. It can also limit their access to appropriate durable solutions.

Often, the best means of protection for LGBTI refugees is the durable solution of resettlement. However, resettlement to a third country can take months or years, and this solution is available annually to a tiny number of refugees compared to the global refugee population.[71] If an LGBTI refugee has not shared his or her sexual orientation or gender identity with UNHCR or the body determining refugee status, the chances he or she will eventually be referred for resettlement may be small because very few refugees in the world are referred for resettlement overall.

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[69] LGBTI people experience torture, violence, discrimination, and persecution in countries around the world, sometimes deliberately carried out by the state with impunity. See the United Nations General Assembly Human Rights Council, *supra*, note 2.

[70] IRIN (2013b).

[71] The durable solution of resettlement is considered when individuals are unable or unwilling to go home because they fear persecution, and are unable to remain in the country of asylum due to a lack of protection or special needs that cannot be met. Approximately 1 % or less of refugees are submitted by UNHCR to resettlement countries for resettlement consideration annually: UNHCR (2014a).

3.4.2 Seeking Shelter: Dignity and Respect in Emergency Housing

In emergency settings, LGBTI people face numerous challenges when it comes to accessing or being assigned to appropriate and safe housing, including temporary shelters and refugee or IDP camps. In temporary shelter environments, housing may be gender-segregated, strictly regulated by a third party, and lack privacy. Refugee or IDP camps may offer residents single-family tents, huts, or other housing units that offer some degree of privacy and self-designation of the family unit. However, these shelters may be operated by administrators—including government security forces, organizations, or other entities—that threaten or offer insufficient protection to vulnerable persons who are stigmatized, harassed, or abused. Both scenarios present obstacles for LGBTI persons in terms of dignity and security.

When housing facilities are temporary shelters, LGBTI people may face dormitory-style, gendered sleeping assignments, shared and/or gendered showers and toilets, and an overall lack of privacy. These aspects of temporary shelter can result in humiliation and harm for LGBTI individuals, especially for same-sex couples who are separated during their shelter assignment and individuals who are targeted by other persons in the shelter.

Most vulnerable in temporary shelter, however, may be transgender non-heterosexual or gender non-conforming people. While varying legal regimes determining (or alternatively, pathologizing)[72] gender transition exist and research is limited, guidelines on sex-segregation in other high-security settings can offer insight into possible best practices during humanitarian emergencies. The available evidence shows extremely high rates of sexual violence perpetrated against lesbian, gay, bisexual and, in particular, transgender people, in detention. In high-population-density, high-security environments, LGBT people thus need special protections—including adjustments to the way they are assigned to facilities, and even in the way facilities are designed. According to the United Nations Office on Drugs and Crime standards for LGBT prisoners, "where transgender prisoners are accommodated according to their birth gender, especially when male to female transgender prisoners are placed with men, due to their birth gender being male, this paves the way to sexual abuse and rape."[73] And while segregation of LGBT persons may seem like an obvious and appealing solution, it must be remembered that, "Although the rationale of segregating detainees in situations of vulnerability for protective purposes can be legitimate, it should be instituted only in agreement with the detainees concerned, with a clear procedure, and should neither lead to further stigmatisation, nor to a limitation on accessing services…"[74]

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[72] United Nations Development Programme (UNDP) and the Asia-Pacific Transgender Network (2012).

[73] United Nations Office on Drugs and Crime (2009). See also: International Human Rights References to Human Rights Violations on the Grounds of Sexual Orientation and Gender Identity, International Commission of Jurists, Geneva, October 2006, p. 9.

[74] Association for the Prevention of Torture (2013).

Research on homeless shelters and detention centers can shed some light on how transgender people can live in safety in high-security situations such as camps, or access temporary shelter in humanitarian situations. In some sex-segregated homeless shelters in the USA, a gender-neutral triage space and confidential registration process has allowed intake staff to privately and sensitively gather information about gender identity and determine the best interests of the individual.[75] This results in more sensitive and secure assignments to sleeping quarters. Shelters also employ such tools as welcoming signage, private showers and toilet facilities, and a no-tolerance policy for discrimination from other individuals utilizing the shelter, to ensure that transgender residents are safe during their stay.

The National LGBT Task Force in the USA recommends a series of considerations for triage conversations that allow staff to gather meaningful data and provide sufficient protection for LGBTI clients. We have detailed them here, adjusting for emergency situations:

- **Confidentiality:** All individuals entering an intake interview should be informed their personal information will be kept confidential, regardless of the person's sexual orientation, gender identity, or any other sensitive characteristics. Mentioning this at the beginning of the intake interview can help create a safe space for individuals to discuss their sexual orientation or gender identity with the intake staff.
- **Name and pronoun usage:** Staff at the facility should ask how the individual wants to be addressed in official procedures and casual interactions, regardless of their documentation. Simple questions such as, "Which pronoun do you prefer?" and "Do you have a preferred name?" may be asked to elicit this information. It should then be noted for staff members who subsequently work with the individual.
- **Housing placement:** All individuals should be given information about what housing arrangements are available to them, especially if the housing is sex-segregated. In particular, same-sex couples, transgender people, and LGBTI individuals with particular safety concerns need to have all available information, including special protective options, in order to make an informed decision and best express their housing concerns.
- **Showers and restrooms:** To ensure safety for transgender people, shower and restroom facilities must create total privacy. Ideally, all facilities will have such privacy. However, if that is not possible, at least one facility located a reasonable distance from the living facilities should feature a gender-neutral shower and toilet space, or a private family space.
- **Sleeping arrangements:** Out of respect, transgender people should be allowed to sleep in facilities based on their self-identified gender. Staff should be prepared to counsel transgender people who disclose their gender identity about options and potential security issues related to sleeping arrangements. If possible, group shelter facilities should make gender-neutral, private sleeping facilities available.

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[75] Mottet and Ohle (2003).

- **Safety concerns:** Individuals with safety concerns should be given special consideration when assigned housing or sleeping quarters. Individuals should not be housed in situations that would make them more vulnerable, such as in shared dormitories with community members who have harassed or abused them in the past. If possible, individuals with serious safety concerns should be given private housing or sleeping quarters near a security guard—provided that the security guard is trained to be sensitive to the needs and protection concerns of LGBTI individuals. In extreme cases, LGBTI individuals may have to be moved to alternate housing, such as a safe house or shelter in a different community.

The prospect of designing safe, sensitive, and appropriately located shelter and sanitation facilities for individuals involved in mass or complex emergencies is complicated by the fact that refugee and IDP camps are often spontaneously formed, designed by the necessity of the situation and already established by the time aid organizations arrive. In these situations, humanitarian organizations designated as camp management agencies (CMAs) may engage in such activities as coordinating aid distribution, assessing environmental risks within the camp, and assessing and enhancing governance systems, as they did in Haiti within spontaneous settlements.[76] The locations of refugee camps may also be assigned by the entities that first respond to the emergency, such as military, security, and police forces, and may not meet guidelines for camp location outlined by UNHCR and other organizations—guidelines that weigh environmental impact, security, access to resources, and other concerns.[77]

Additionally, refugee camps are massive in size compared to temporary shelters, and thus much more difficult to regulate in terms of safety and security. Even if a camp were designed with the specific needs of LGBTI and other vulnerable populations in mind—for instance, with clustered housing located near security forces in well-lit areas, close to gender-neutral toilet facilities, and within a reasonable distance of NGO offices able to address their specific needs—the physical and emotional safety and security of the residents would depend heavily on the makeup of the communities residing nearby and within the camps, the attitudes of the security entities policing the camps and responding to complaints, and the means of alternative protection and justice available to residents who were persecuted.

For LGBTI refugees and displaced persons, camps may represent a less secure environment than that from which they were displaced or fled. As previously discussed, support networks may have been uprooted, and individuals may no longer find themselves near supportive friends or neighbors. Instead, they may encounter hostile community members—both within the camps and in surrounding areas—and a lack of access to any viable means of protection. For this reason, LGBTI refugees—doubly marginalized as both refugees and sexual and gender minorities—are some of the most vulnerable and isolated refugees in the world. They may

[76] Satterthwaite (2011).

[77] For more information about refugee camp planning, see the UNHCR Handbook for Emergencies, Third Edition, http://www.unhcr.org/472af2972.html.

experience higher rates of mental health issues such as posttraumatic stress disorder, depression, and anxiety than other refugees.[78]

There are numerous examples of LGBTI refugees being attacked by both refugee and local communities. Human Rights First has documented the following incidents, among others, in Africa: A gay male refugee in Uganda was locked inside his house by a group of refugees who tried to burn him alive; a gay Somali teenager in Kenya was nearly burned alive by Somali youth who doused him in petrol and attempted to set him on fire; a Sudanese lesbian in Uganda had her house burned down by the local refugee community; two Ethiopians in Kenya were beaten and robbed repeatedly as well as lost their jobs due to their sexual orientation; an Ethiopian lesbian was locked in her home and beaten by her brothers for a sustained period of time; and in Kenya, the house of a lesbian Ugandan woman was demolished by local residents after refugees told the local council about her sexual orientation.[79]

Because camps can be incredibly insecure environments, some LGBTI persons utilize such coping mechanisms as changing locations, adopting different mannerisms, appearances, or activities, or hiding within heterosexual relationships. They may also leave the camps for the relative anonymity of urban environments, as documented by HIAS, Human Rights First, and Organization for Refuge, Asylum & Migration (ORAM). In "Blind Alleys," ORAM notes,

> One refugee explained that he does not stay in a refugee camp because there is nowhere to run in the camp. Another refugee reported that he has continued to stay in his refugee camp, which includes Rwandans, Congolese, Somalis, Ethiopians and Burundians, despite the fact that he was beaten badly by fellow refugees on the day he arrived. After that, he tried to disguise himself and formed a self-help group with other gay men. Even so, he was beaten again and raped, as a result of which he became infected with an STI [sexually transmitted infection].[80]

Leaving refugee and IDP camp environments may reduce physical threats to the individual, but can greatly limit access to critical information and services, as well as important employment and communication networks. Notably, LGBTI refugees living in urban centers do not fare well, either—in addition to extreme isolation, they experience harassment, discrimination, and physical threats, and may have to change housing often to avoid persecution.[81]

For LGBTI refugees who do remain in camp settings, self-established support organizations may be difficult to launch in hostile environments. A gay refugee in Uganda reported he was leading an informal support group in another settlement, but refugee community leaders discovered it and harassed him so severely he felt it was difficult to return.[82] A Burmese refugee from the Mae La camp in Thailand detailed in *Forced Migration Review* his experience organizing an LGBTI group, including

[78] For example, see HIAS, *supra*, note 25.

[79] Human Rights First (2010).

[80] ORAM and Refugee Law Project (2013).

[81] See, among others, *supra,* ORAM and Refugee Law Project note 81, Human Rights First note 80, Buscher note 59, and HIAS note 24.

[82] Human Rights First, *supra*, note 80.

grappling with having the confidence to meet and fearing identification as LGBTI. He notes, "We were asked by UNHCR to consider establishing a more formal community-based organization (CBO) but resisted as we did not believe we could offer our members sufficient protection if we were to become more visible…"[83]

International organizations and NGOs may be able to offer more guided support in the future on both providing sensitive assistance and addressing LGBTI protection concerns during emergencies, if such tools as the *Sphere Project Handbook,* Humanitarian Charter and Minimum Standards in Humanitarian Response, and the *Camp Management Toolkit*, published by the Norwegian Refugee Council, are updated to include concerns related to LGBTI populations.[84] Their ability to assist will be further augmented when training for humanitarian field staff on working with LGBTI populations becomes more widespread. What is the long-term prospective, however, when those organizations leave emergency-affected areas and national NGOs or governments take over aid and services? The departure of aiding organizations postcrisis may leave a significant vacuum for LGBTI persons. As legal scholar Margaret L. Satterthwaite notes in *Indicators in Crisis*:

> Using rights-based approaches, standards, and indicators, professional humanitarian actors govern the putatively ungoverned…. At a material level, in many emergency settings, major INGOs effectively take the place of the state—or large swathes of it—for disaster-affected populations…. They also seek—although to a lesser extent than in relation to material goods—to protect disaster-affected populations from certain types of security threats, such as sexual violence and child exploitation. These INGOs command enormous resources—in many cases, more than the government ministries whose tasks they often take on.[85]

Building from this analysis in terms of protections for LGBTI people, many questions remain to be answered. For example, after a humanitarian crisis ends—at least to the extent that international actors depart—who will ensure services continue to be offered in a way that accounts for, and is sensitive to, LGBTI populations? What steps can aid and LGBTI advocacy organizations take to disseminate knowledge about LGBTI rights and avenues for protection among national organizations and governments? In a postcrisis landscape in which the state cannot or will not protect LGBTI populations, what responsibilities do aid organizations have to LGBTI

[83] Moses (2013).

[84] The Norwegian Refugee Council's Camp Management Toolkit is available at: http://www.nrc.no/arch/_img/9295458.pdf; NRC reports they will include LGBTI subject material in the forthcoming edition. The Sphere Project Handbook is available at: http://www.sphereproject.org/handbook/.

[85] On the involvement of humanitarian organizations in protection, Satterthwaite also notes: "For many years, protection was viewed as the responsibility of so-called 'mandated agencies.' This has been attributed to the fact that protection has been seen as a uniquely governmental responsibility, with the mandated agencies having a specifically defined role alongside states under international law …. In recent decades, protection has come to be seen as an important responsibility for the humanitarian system as a whole, though it is often dealt with as a specialized area, separate from the 'technical sectors' such as food and water. Humanitarians' proximity to armed conflict, their sense of responsibility following the failures in the Rwanda era, and the integration of human rights into the humanitarian endeavor all might be cited as factors contributing to this enlarged sense of responsibility for protection." Satterthwaite, Margaret L., *supra*, note 77.

people before departing, and how should adequate protection of LGBTI persons in a postcrisis era be defined? These questions should be carefully considered when discussing long-term strategies for emergency response and the establishment of protocols for meaningful and sustainable protection of LGBTI persons in emergency-affected countries.

3.4.3 Income Loss: The Importance of Informal Economies, Including Sex Work

The discrimination and marginalization LGBTI people experience can result in exclusion from formal economic activities, including lack of access to employment. For these and other reasons, LGBTI people may engage in informal economic activities across a variety of sectors—whether it is casual work for a friendly employer who does not want to formally employ the individual, or sex work via a brothel system or as an individual enterprise.

When emergencies occur, normal access to informal work, including sex work, can be severely disrupted. Without access to other avenues of employment or other types of informal work due to discrimination or marginalization, LGBTI people may suffer disproportionately in their ability to recover economically. Likewise, LGBTI people who did not previously engage in sex work may be more compelled to do so due to a lack of access to other means of livelihood. ORAM notes,

> Compared even to other refugees in Uganda, SGN [sexually and gender nonconforming] refugees face extreme hardships finding work…. The few SGN refugees and asylum seekers who manage to secure jobs are often sexually abused by their supervisors and discriminated against by fellow employees. In some cases, refugees reported that their salaries were withheld and that when they tried to demand payment, they were threatened with being taken to the police…. With legitimate employment opportunities for LGBTI refugees virtually nonexistent, many resort to sex work.[86]

Human rights and public health standards have recognized that rights-based approaches to sex work—including for LGBTI people—are critical. The Joint United Nations Programme on HIV/AIDS, UNAIDS,[87] has defined, and the Special Rapporteur on the right to health has affirmed, that sex work must be understood as a spectrum of engagement in sexual activity: “Female, male and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating.”[88]

The income earned from activities outside the formal economy or workplace can be crucial not only for the individual’s survival but also for protection. For example, *metis* in Nepal expressed that the money they earned dancing and doing sex work

[86] ORAM and Refugee Law Project, *supra*, note 80.

[87] UNAIDS (2012).

[88] United Nations Human Rights Council (2010).

secured their social status within their households, and the loss of that money due to flooding and subsequent forced displacement resulted in increased discrimination and marginalization within their families.[89]

In the aftermath of the Indian Ocean Tsunami, some *aravanis* suffered economic losses and struggled to recover. Many *aravanis* make a living by begging and performing, often dancing. They suffered from physical injuries and some lost their implements—including makeup, dresses, and jewelry—after the tsunami, both of which prevented them from performing in public and earning income.[90]

Around the world, large numbers of LGBT[91] people are involved in sex work at some point, which can result in a significant economic and social impact on their lives.[92] Studies in India have shown that while identifying or presenting as LGBT often has a negative economic impact on individuals, those LGBT people who report a positive economic impact associated with LGBT identity are involved in sex work.[93]

LGBT people may experience economic hardships if they are forced out from their families. For example, studies found in Pakistan that transgender sex workers, compared with female and male sex workers, are more likely to live outside their families and less likely to have a source of income other than sex work.[94]

LGBT sex workers in many places are highly vulnerable to HIV and other sexually transmitted infections (STIs) due to multiple factors; they often have little control over these risk factors because of social marginalization, criminalized identities, and work environments.[95] In countries where same-sex behavior is against the law, and gender transition in any form is against the law, criminalized identity coupled with criminalized work results in LGBT sex workers being doubly marginalized—and even less likely to access HIV services or justice mechanisms when they face abuse. Laws criminalizing sex work can exacerbate police targeting of transgender people. Under the guise of enforcing antiprostitution laws, police may target transgender people because they are more visible or noticeable than their male or female counterparts.[96]

LGBT people, particularly transgender people, also experience sexual violence at exceptionally high rates, including during transactional sex. Police, sometimes under pressure to remove persons seen as undesirable elements, or enforce antisex work laws, may arrest, fabricate evidence, abuse, beat up, sexually assault, or extort money from people they target, often LGBT people.[97] If transactional sex is crimi-

[89] Knight and Sollom, *supra,* note 12.

[90] Chaman Pincha, *supra,* note 15.

[91] Due to the dearth of research about intersex people involved in sex work, in this section we use “LGBT.”

[92] UNDP and the Asia-Pacific Transgender Network, *supra*, note 73.

[93] Sida, *supra,* note 34.

[94] Hawkes et al. (2011).

[95] UNAIDS, *supra*, note 88.

[96] Human Rights Watch (2013a 2013b).

[97] Godwin (2010).

nalized, individuals have no opportunity to report sexual violence or police abuse or to protect themselves.[98] Note that men who have sex with men (MSM) tend to report sexual violence at low rates.[99] UNHCR and the Inter-Agency Standing Committee (IASC) have guidelines for working on sexual and gender-based violence, including with men and boys, which may be of use in this context.[100]

It is also crucial to remember that, while data are limited, sexual violence can and does occur against men and boys, including males who identify gay. Some research has shown that gay men in institutions may be more than four times as likely as heterosexual men to become victims of sexual violence.[101] This can have significant implications with regard to how humanitarians respond to sexual violence. Explains legal scholar Lara Stemple: "One review found that 4076 nongovernmental organizations around the world address rape during wartime…. Of these, only 3 % mention the experience of males in their informational materials."[102] Treatment of sexual and gender-based violence as a solely male-as-perpetrator, female-as-victim system ignores many male and transgender experiences of sexual violence. Additionally, many transgender people legally retain their birth gender. In places where sexual violence is only considered a legal offense if it involves male penetration of a female (vagina), transgender women (who retain legal status as males) cannot access justice for sexual violence as a result.

Laws, policies, and practices can restrict the access of sex workers and transgender people to identity documents and citizenship rights, limiting their access to public services, including humanitarian aid. In some countries (such as Bangladesh, India, and Nepal), sex workers have reported difficulties obtaining documents that are required for access to a range of government services, and said that many sex workers cannot register the birth of their children due to their inability to confirm the identity of their child's father. Sex workers in Malaysia and Myanmar also report restricted access to services arising from difficulties obtaining identity cards. These practices create and sustain vulnerability, erect barriers to economic opportunity, and restrict access to health services of all kinds for a large number of male, female, and transgender sex workers.[103]

In some countries, laws against sex work are specifically gendered and applied only to "common prostitutes" (understood to be women) or "immoral women." In other cases, such laws are gender neutral, although in practice, often applied in a gendered way.[104] Laws and policies designed to regulate sex work often only mention women. However, the lack of mention of males or transgender people in sex work law and policy does not lead to a protective blind spot. Instead, given that a

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[98] United Nations Development Programme (UNDP), *supra*, note 73.

[99] Stephenson et al. (2010).

[100] UNHCR (2012c).

[101] Stemple (2009).

[102] Ibid.

[103] Godwin (2012).

[104] International Conference on Gender Identity and Human Rights, "Conclusions," June 2010: http://www.congenid.org/en/home/conference/conclusions.html.

number of countries retain laws against same-sex behavior, sex work regulations can be used to criminalize male sex workers having sex with men as well as many transgender sex workers—increasing the vulnerability of LGBT sex workers. Laws against "cross-dressing," vagrancy offenses, immigration offenses, drug laws, and trafficking laws[105] are also often used to repress sex workers.[106]

In emergencies, the disruption of usual—even if technically informal—networks of sex work clients can leave people who do sex work in economically vulnerable and unpredictable situations.[107] Moreover, the economic disruptions caused by conflicts, disasters, and displacement can mean less money is spent by clients—effectively choking off an important income source for sex workers, as occurred in post-earthquake Haiti.[108] More research is needed regarding the practices and economics of LGBT people involved in sex work in emergencies.[109] It is crucial that such research be conducted within a protection paradigm not rooted in criminalizing or otherwise stigmatizing sex work, or limiting investigations solely to HIV risk assessments.

3.5 Working Toward Potential Solutions

Following are two examples of potential areas of growth in transforming assistance to LGBTI persons during emergencies. The first explores the use of HIV programs and funding in emergencies as a proxy for assistance to LGBTI people. The second details an ongoing initiative that is currently focused on refugee resettlement but could be applied to a wide range of humanitarian assistance programs, including emergency response, refugee and IDP camp management, and DRR.

3.5.1 HIV in Emergencies as a Proxy

While the HIV epidemic has spread far beyond its initial concentration among MSM,[110] significant amounts of LGBTI programming and advocacy around the

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[105] IRIN (2013c).

[106] Global Network of Sex Work Projects (2011).

[107] Knight and Sollom, *supra,* note 12.

[108] International Gay and Lesbian Human Rights Commission, *supra*, note 11.

[109] There is a limited amount of detailed research on LGBT people engaged in sex work in general. The studies from a public heath perspective, many focusing on transgender prostitutes and HIV, are complemented by a handful of ethnographic studies, of which *Travesti* (Kulick 1998), *Mema's House, Mexico City* (Prieur 1998), and *Beneath the Equator* (Richard Parker 1999) are the best known.

[110] It is important to note that this term is contested for a number of reasons, but still widely used in HIV/AIDS work around the world. MSM may be but are not necessarily "gay" or "bisexual," but rather engage in sexual relations with other men independent of any identity label. In addition,

world has been and continues to be funded by MSM-targeted HIV funding. While MSM remain disproportionately affected by the global HIV epidemic,[111] what limited data are available show that transgender women experience the highest rate of HIV infection in the world.

There are no conclusive data showing that HIV transmission increases in conflict- or disaster-related emergencies. However, marginalized populations may experience increased risk for contracting HIV or developing AIDS in unstable situations.[112] The IASC has also warned that people who experience severe social stigma are at higher risk for mental health problems,[113] including substance abuse, which can, in turn, increase HIV risk.[114]

HIV risk is increased by social marginalization and legal regimes that outlaw behaviors and identities, but can be mitigated by coping that relies on targeted services and locally tailored discretion.[115] By disrupting these management tactics, emergencies and resulting displacement can exacerbate risk in ways that broad HIV prevention and care programs often overlook. Among other aspects of life that are interrupted during crises, disrupted commodity supply chains can lead to people living with HIV experiencing increased risk for developing AIDS, and others to contracting HIV,[116] due to loss of medical paperwork and suddenly irregular access to prevention and treatment services.[117]

Though the World Health Organization has prioritized HIV commodity procurement in emergencies, people living with HIV who rely on treatment to maintain their health can suffer from poor adherence to medical regimens and a lack of access to service providers.[118] In key affected populations (KAP), research has shown that culturally appropriate services are necessary to maintain access and adherence.[119]

Safe spaces can play an important role in accessing HIV services. For example, recent public health research showed that 85 % of MSM in Kathmandu access condoms principally through drop-in centers that cater specifically to MSM.[120] Many of these facilities are de facto community gathering spaces for LGBTI people; when they are destroyed or the population is displaced, elements of community cohesion—including information sharing—can be significantly eroded.

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male-bodied transgender or gender-variant people are often captured in MSM-focused data sets as they legally and, some argue, technically qualify as men for public health purposes regardless of their identity. In recent years, a new term, GMT, or "gay men or other men who have sex with men" has emerged—arguably to settle some of these disagreements.

111 AidsMap (2007).

112 IRIN (2013a).

113 Meyer and Northridge (2007).

114 Inter-Agency Standing Committee (2007).

115 American Foundation for AIDS Research (2013).

116 IRIN (2010).

117 UNHCR (2012a).

118 World Health Organization (2006).

119 American Foundation for AIDS Research, *supra,* note 116.

120 HIV/AIDS Research and Palliative Care (2013).

Some programs have adjusted their strategies to reach populations at risk for HIV in humanitarian emergencies, which could provide valuable lessons for LGBT-specific programming, since LGBT people often face social and programmatic marginalization and because a significant portion of LGBT-oriented programming around the world is funded or presented as HIV services for MSM. For example, UNHCR in Pakistan tailored programs specifically for Afghan migrants and asylum seekers in Pakistan who use drugs, providing harm reduction services in locations that would not jeopardize their discretion about immigration status or exacerbate stigma about drug use among their communities.[121]

This is not to suggest that LGBT-oriented services should be housed solely within HIV programs, that safe spaces for LGBT populations should only be created within offices offering HIV-related services, or that LGBT-related needs should be specifically contextualized by organizations within the scope of HIV emergency response. Associating LGBT identities exclusively with a public health issue could also serve to marginalize or harm LGBT people, as well as exclude certain LGBT populations, such as women who have sex with women (WSW). But the tactics of community-driven program design and discretion employed in HIV programs could be instructive for LGBT programming.

3.5.2 The LGBTI Training and Safe Space Initiative[122]

One project that may have wider applicability to effectively serving LGBTI persons during humanitarian emergencies is an LGBTI training and safe space initiative for staff working with refugees. Since 2011, 1- and 2-day training courses have been provided for more than 700 staff in 15 countries as part of this initiative.[123] The primary audience is International Organization for Migration (IOM) staff working on refugee resettlement projects at US Refugee Admissions Program Resettlement Support Centers (RSCs), but the training has also been provided to non-resettlement staff at IOM and representatives of 19 other organizations and entities, including international agencies and NGOs. In addition to promoting staff preparedness for

[121] UNHCR (2010).

[122] The LGBTI training and safe space initiative is an endeavor of author Jennifer Rumbach. Started in Baghdad, Iraq, in 2011 in response to the ongoing violence against LGBTI Iraqis and an identified need for IOM staff sensitization and training as well as a safer office environment for LGBTI refugees, the project has now been expanded to IOM's four RSCs (Eurasia, based in Moscow, Russia; Latin America, based in Quito, Ecuador; North Africa, and Middle East, based in Amman, Jordan; and South Asia, based in Damak, Nepal). Training has also been provided for other IOM offices and organizations. This initiative has been informed by the work of the US State Department, the Office of Refugee Resettlement, Heartland Alliance, Human Rights First, Human Rights Watch, OHCHR, UNHCR, ORAM, and many other entities.

[123] Since 2011, training has been held in Ecuador, Egypt, Hong Kong, India, Iraq, Jordan, Kenya, Lebanon, Nepal, Pakistan, Russia, Sri Lanka, Switzerland, Thailand, and the USA. Representatives from IOM, international agencies, national and international NGOs, and governments have participated in training.

serving diverse LGBTI populations, the project encourages organizations to create safe and confidential spaces and establish clear guidelines for working with LGBTI persons in a variety of contexts. These topics are discussed throughout the training course, and examples of recommendations are provided in the course package for participants. Assistance is also offered beyond the training if offices need advice on developing guidance or assisting particular cases.

At the core of the initiative is training. While it is critical for an organization to establish clear operational guidelines and create safe spaces, if staff members do not fully understand LGBTI populations or how to apply their internal operational guidelines, even the best-intentioned LGBTI programming can be misused or mismanaged, potentially causing harm to intended beneficiaries. Thus, staff training is key and should be the first priority of organizations seeking to establish or improve LGBTI-targeted services. Such training is often termed "cultural competency training." LGBTI cultural competence is described by legal, refugee, and LGBTI expert Nicole LaViolette as:

> … based on a broader concept known as cross-cultural competence, or inter-cultural competence. A person with cross-cultural competencies is defined as an individual who has an ability to understand, communicate with, and effectively interact with people originating from a variety of cultural backgrounds.[124]

It is recommended that all staff receive LGBTI training—not just interviewers, caseworkers, and counselors, who are often the primary interlocutors in the refugee protection and resettlement process and, thus, recipients of specialized training programs. All staff interacting with emergency-affected populations, from drivers to logistics specialists to security guards, may come into contact with LGBTI persons. Moreover, administrative and policy-making staff also require training to ensure they are making appropriate recommendations for the guidelines that determine care for LGBTI populations, and to the staff serving these populations. If all staff are not properly sensitized and instructed how to assist LGBTI persons, training and sensitization efforts may not be wholly successful.

Training is also critical because many staff in wide a range of departments and positions—including key leadership positions—have misunderstandings about LGBTI populations that could confuse or inhibit their work. Some commonly held beliefs among participants of recent LGBTI trainings include: LGBTI people do not exist in most societies, and are concentrated in the West; LGB people are also transgender; transgender people cannot be heterosexual; LGB people require separate toilet facilities; if LGB people are married to opposite sex partners, they are lying about being LGB; LGBT people should try harder to conceal, or change, their SOGI to avoid persecution, and if they have not made an effort to conceal their SOGI, they may deserve the persecution they have suffered; lesbians suffer less persecution than gay men and transgender persons because they are less visible; offering special services for LGBTI persons within the humanitarian context will result in a "flood" of individuals claiming to be LGBTI in order to receive special benefits; and the

[124] LaViolette (2013).

credibility of LGBTI persons is established by asking sexual questions or challenging individuals about how they know "for sure" they are LGBTI.[125]

Debunking these and other myths is one of the primary aims of the sensitivity portions of the training. Various training modules emphasize that:

- LGBTI persons exist in every population.
- LGBTI persons experience persecution that may be unique to their SOGI and not adequately addressed through programming for other vulnerable populations.
- We are already serving LGBTI populations in our daily work.
- You cannot determine whether someone is LGBTI based on how they act, speak, dress, or look.
- We all have LGBTI colleagues and know LGBTI persons, even if they are "invisible" to trainees.
- The discrimination that is endemic against LGBTI persons affects many more people than the trainees may be aware.

The overall approach of the LGBTI training is integral to its success with participants. Within every LGBTI training session, there are a wide variety of cultural, social, and religious backgrounds represented, and a wide variety of opinions about homosexuality and gender variance. Trainees may be anxious that their beliefs are going to be challenged in a negative or embarrassing manner, or that they may be admonished or belittled for their opinions. This must be acknowledged and addressed in order to conduct a successful training for all participants, not just those who may be more knowledgeable about, or open to, LGBTI topics.

It is critical to reassure participants that all opinions are respected, and that the aim of the training is not to debate LGBTI issues or change deeply held beliefs. Rather, the training objectives are to educate participants on how to approach a vulnerable population from a human rights perspective, and to teach practical skills for

[125] In the asylum context, much has been written about officers asking individuals culturally specific or invasive questions to determine the credibility of their sexual orientation claims. Examples from the UK include officers asking if individuals have read Oscar Wilde, listen to Kylie Minogue, visit gay clubs, use sex toys, or can describe same-sex sex acts. See The Independent, "'Gay? Prove it then—have you read any Oscar Wilde?': Judges accused of asking lesbian asylum seekers inappropriate questions," 04 April 2013: http://www.independent.co.uk/news/uk/home-news/gay-prove-it-then-have-you-read-any-oscar-wilde-judges-accused-of-asking-lesbian-asylum-seekers-inappropriate-questions-8558599.html and BBC, "Asylum seeker: 'I had to prove I'm gay'," 27 February 2013: http://www.bbc.co.uk/news/uk-21601803. This has caused some UK asylum seekers to take extreme measures, such as filming themselves having sex and presenting it as evidence. See: The Guardian (2013). UK policies, as well as those outlined by US Citizenship and Immigration Services (USCIS) and UNHCR, discourage the use of sexually explicit lines of questioning as a means to assess the credibility of claims. USCIS and UNHCR advise asking nonsexual questions about childhood, family relations, societal stigma, and same-sex partners. This guidance is in line with the "difference, stigma, shame, harm" (DSSH) model developed by S. Chelvan: http://www.no5.com/barristers/barrister-cvs/s-chelvan-immigration-asylum-and-nationality/. The DSSH model is advocated within the LGBTI training and safe space initiative. For more information on USCIS and UNHCR policies, see http://www.refworld.org/pdfid/50348afc2.pdf and http://www.uscis.gov/USCIS/Humanitarian/Refugees%20&%20Asylum/Asylum/Asylum%20Native%20Documents%20and%20Static%20Files/RAIO-Training-March-2012.pdf.

working with LGBTI persons professionally and in accordance with international standards and the policies of their employers. Trainees are asked to respect one another's personal beliefs—as difficult as that may be—and recognize that the training is intended to enrich the capabilities of humanitarian professionals, not resolve differences around the topic.

The introductory session of the training also acknowledges that participants have certain obligations to all individuals they serve, regardless of who they are. This approach appeals to the professionalism of participants and places LGBTI persons on equal ground with other program beneficiaries. The obligations outlined are to: maintain the dignity and respect of those being served—through our actions and reactions; listen openly, without demonstrating discomfort, prejudice, or judgment; accurately record individuals' statements, questions, and concerns; assist when and where possible, following internal standard operating procedures for recommendations and action; refer for assistance when and where possible; and remember that LGBTI persons have special needs that may not be addressed by assistance mechanisms targeting other vulnerable groups—for instance, that programs addressing "gender" may not adequately meet the needs of lesbian, bisexual, or transgender women.

This approach establishes a safe space within the training room and eases the anxieties of trainees, which if left unaddressed by the trainer can inhibit learning and create barriers to successful assistance. After being reassured, trainees are more relaxed and open to new ideas, and may have an easier time questioning their assumptions about LGBTI populations. Evaluation feedback for the program indicates that, while not intended to change personal beliefs about homosexuality, the training, when approached in this way, sometimes does just that.

The bulk of the training is practical in nature. Fifteen training modules can be mixed and matched depending on the audience. The modules instruct trainees on:

- Terminology, including common words employed by the international community, words in the local language, words to avoid, and working with interpreters
- Issues faced by LGBTI persons worldwide, and common agents of persecution against LGBTI individuals
- The application of human rights law to SOGI
- How to interview or counsel individuals in a manner that maintains their dignity and respect while eliciting useful information or testimony
- Key health concerns of LGBTI persons, and barriers to effective health care
- LGBTI needs during travel and transit, including assistance with documentation, immigration points, shelter, and sanitation facilities
- Writing respectful and effective protection assessments
- Offering specialized technical assistance for LGBTI individuals within complex protection environments
- Creating safe spaces and inclusive workplaces

Complementary materials used during the training include videos from OHCHR, ORAM and Immigration Equality, the Yogyakarta Principles, OHCHR and UNHCR guidance, internal IOM guidance, and examples of safe space signage, case

studies, and interview and counseling scripts. Both the sensitivity and skills portions of the trainings are applicable to, and could be more specifically adapted for, staff working in emergencies.

Trainings are tailored to the experience and backgrounds of the trainees. Some trainees have extensive experience working with highly vulnerable populations, including LGBTI persons, and primarily need more information on LGBTI terminology, operational guidelines, and key concerns. Some trainees may believe they have never worked with an LGBTI person, and have little training in or experience working with vulnerable populations.

Participants who fall into the latter category have described feeling panicked, uncertain, or nervous about individuals sharing their sexual orientation or gender identity with them. These emotions must be recognized and staff reassured that, with training and the right tools, feelings of discomfort can be alleviated, paving the way for them to succeed. The training teaches simple tools, such as short and respectful responses to sensitive information, and simple guidelines for subsequent action. Learning and practicing such responses in a safe space helps build the confidence of trainees.

In emergency situations, there are extremely limited opportunities for training. A quick briefing on such a complex topic as LGBTI populations may not be enough, given that unraveling terminology and emphasizing the difference between SOGI can take several hours alone. Ideally, organizations will have held LGBTI training for all staff prior to an emergency. Given that each staff member will likely come into contact with emergency-affected LGBTI persons, this helps ensure no one will treat an LGBTI individual in a discriminatory manner. If an organization has not held previous training, it may be useful to provide a briefing on the core cultural competencies related to the LGBTI populations they may serve. An example of such a guide for "just-in-time" trainings after emergencies have occurred has been issued by the Human Rights Campaign.[126]

An organization that has not previously held training may also want to designate individuals who have successfully worked with LGBTI populations as point persons for the scope of the project. Organizations should also keep in mind that interpreters must be trained, or the efforts of staff may be undermined. In some cases, educating interpreters about the organization's stance on LGBTI populations might reveal their discomfort and highlight the need for alternate interpreters. Additionally, determining appropriate vocabulary is a complex and lengthy task in many languages; ideally, this will be done prior to emergencies and the organization will have glossaries and safe space language translated and available to staff, for instance, in an easily accessible LGBTI toolkit. Note that asking a single interpreter to provide vocabulary is not enough—multiple staff, as well as local LGBTI civil society organizations or experts on SOGI in the cultural context—should collaborate on ensuring both terms and concepts are translated appropriately, and that they

[126] Human Rights Campaign, "Working with the Lesbian, Gay, Bisexual and Transgender Community: A Cultural Competence Guide for Emergency Responders and Volunteers," http://www.hrc.org/files/assets/resources/EmergencyResponders_-_LGBT_Competency.pdf.

are easily understandable by a wide range of persons, including young, elderly, and preliterate populations.[127]

After training is complete, two additional endeavors should be undertaken: first, to create safe spaces any place the organization works with relevant populations and, second, to create or reinforce clear guidelines for working with LGBTI persons.

Creating safe spaces is key to providing effective assistance. In the LGBTI context, a safe space—whether a forum, community, network, family (biological or chosen), or physically defined place—is where individuals can freely express and explore their SOGI without fear of judgment or reprisal. Without access to a safe space, many LGBTI persons will not feel comfortable sharing sensitive information with staff. They may fear discrimination, breaches of confidentiality, or being barred from receiving benefits. Sometimes, an office has a reputation for being unwelcoming due to the experience of one or more LGBTI persons, or assumptions based on the nationalities of staff.

Most critical to gaining trust is guaranteeing confidentiality. LGBTI persons must feel certain those assisting them will not share sensitive information with family members—including opposite sex spouses—or the community. Safe spaces can be created through signage, pictures, handouts, language in introduction scripts, and special hotline phone numbers, all of which should reference confidentiality, or through such measures as ensuring access to a private counseling room or interview space.

Once safe spaces are established, each area of the organization's work with vulnerable populations should be reviewed for possible inclusion of LGBTI considerations. Organizations need to set clear guidelines for working with LGBTI persons in order to avoid confusion in the field. For instance, rather than simply directing staff to counsel LGBTI persons on their needs, it is helpful to create a list of potential questions that might be asked, with the questions that are always required—such as "Do you consent for this information to be shared with [XX partner organization]?" for all LGBTI persons and "What name and pronoun do you prefer?" for transgender individuals—spelled out at the beginning of the list to ensure they are not missed. Checklists of key considerations for LGBTI-inclusive and -sensitive programming, samples of written assessments or memos, and practical examples of good and bad practices are all useful for staff seeking guidance on the ground.

It is also essential to realistically outline what assistance can be provided before any information is shared with LGBTI populations. Does the organization have resources that can be offered to LGBTI individuals? Are some staff members better equipped than others to serve LGBTI needs, and if so, can they be designated as special counselors after the initial contact with LGBTI individuals is made? What is the organization's policy on staff "opting out" of assisting LGBTI persons or working on LGBTI-related projects? What extra measures can the organization take to promote better communication with LGBTI persons? Are partner organizations also

[127] Note it is important not only to translate LGBTI terminology from English to the relevant language but also to ask what terminology in the relevant language does not have a direct translation into English, and agree in advance on how this concept will be explained.

trained and equipped to serve LGBTI populations, and, if so, will they accept referrals? More importantly, can they maintain necessary confidentiality?

This training and safe spaces initiative for staff working in refugee resettlement may serve as a model for developing targeted training for staff serving in humanitarian emergencies, and inform the creation of related objectives for organizations. Training administered to staff working with LGBTI refugees is widely applicable to staff working with LGBTI individuals in a wide range of situations, including humanitarian emergencies. Likewise, safe spaces can be utilized in numerous humanitarian environments, and updating organizational guidance to be LGBTI-inclusive before emergencies occur is an essential component of improving LGBTI services during emergencies.

3.6 Further Recommendations

3.6.1 To Governments in Disaster Situations, Including Those Accepting Displaced Populations

- Base relief and reconstruction efforts on the respect and promotion of all human rights, regardless of SOGI.
- Ensure that LGBTI organizations are consulted when planning responses to emergencies, and during the course of responding to an emergency.
- Work with police, military, and security forces to ensure that LGBT people do not face discrimination in the course of emergency response.
- Actively support HIV/AIDS treatment and prevention work for LGBT people in stable times so the work can transition into national programming during times of crisis.

3.6.2 To Donor and Partner Governments and International Agencies

- Issue relief and emergency guidelines that:
  - Ensure that LGBT and HIV organizations are included when planning responses to future emergencies, and during the course of the immediate response.
  - Promote a security-first approach to relief for LGBTI persons during emergencies, such as safe housing and sanitation.
  - Ensure an inclusive approach to gender-based violence that recognizes that lesbians, gay men, bisexuals, and transgender individuals are often targeted for sexual violence and have specific counseling and medical needs.

- Implement LGBTI sensitivity and skills training for all staff planning or working in emergency response, and working with refugees and migrants.
- Ensure organizations implementing relief operations and managing refugee and IDP camps are utilizing trained staff who are sensitive to LGBTI needs and rights.
- Update internal standard operating procedures, guidelines, and toolkits to be inclusive of LGBTI persons whenever vulnerable populations are discussed.
- Improve data collection tools so emergency planning and response is inclusive of LGBTI populations—including women and transgender individuals—and programs can be better monitored and evaluated.
- Review standard questionnaires and databases to ensure questions and forms are inclusive of LGBTI persons and partnerships, or open to their inclusion.
- Promote confidentiality and safe spaces within offices serving emergency-affected populations, displaced persons, refugees, and migrants.
- Create an inclusive work environment within international agencies so LGBTI staff can be assured of support and protection within their workspaces.

3.6.3 To Organizations Distributing Aid and Managing Camps and Shelters for Displaced Persons

- Implement LGBTI sensitivity and skills training for all staff planning or working in emergency response, and with individuals such as refugees and migrants.
- Employ trained counselors and health workers in emergency and long-term refugee and IDP situations, and ensure they are sensitive to the needs of LGBTI persons.
- Train interpreters, guards, drivers, and other assistance providers who are contracted by the organization during emergencies.
- Ensure relief and development assistance does not result in or contribute to human rights violations.
- Ensure there are effective mechanisms for the meaningful participation of all affected communities, including the most marginalized, in the relief and development assistance efforts.
- Accommodate single-sex families and single people in food and other aid distribution policies.
- Promote safety-orientated housing alternatives for displaced LGBTI persons, such as safe houses or scattered urban housing.
- Include LGBT organizers and community leaders in courses and training on disaster management to enable them to function effectively in crisis situations.
- Create a safe space for LGBT people to meet and organize as a key security consideration given the prevalence of gender- and sexual-based violence in situations of crisis.
- Provide resources and relevant services to LGBTI persons in a sensitive and confidential manner.

3.6.4 To Foundations, Civil Society, and Human Rights Groups Working in Disaster Situations

- Base reconstruction efforts on the respect and promotion of all human rights, regardless of SOGI.
- Help to build strong LGBT movements and organizations before a disaster occurs, so they are capable of providing emergency support to their members.

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Chapter 4
A Rising Tide Does Not Lift All Boats Equally: Gender as Hazard in Disaster Planning and Response

Philip R. Egert

> *"Gender is a crosscutting concern requiring attention throughout the planning, implementation and evaluation phases of the activities adopted to implement the Hyogo Framework for Action. As gender is a central organizing principle in all societies, the daily routines of women and men across and within societies put women and men, girls and boys, differently at risk. While gender concerns in disasters cannot be equated with poverty or the challenges of sole parenting alone, it is evident from past disasters that low-income women and those who are marginalized due to marital status, physical ability, age, social stigma or caste are especially disadvantaged. It must be recognized, too, that gender also shapes the capacities and resources of women and men to minimize harm, adapt to hazards and respond to disasters when they must." UNISDR's Words into Action*

Women and men do not experience disaster in the same way. As described in the United Nations International Strategy for Disaster Reduction (UNISDR) manifesto (2006, p. 11) on the importance of addressing gender in disasters; the structured gender relations in societies *prior* to disasters foreshadow the differences in roles, responsibilities, and accesses to resources that women and men experience *after* disasters. In large part, these differences can be traced to the systemic, unequal power relations between men and women that, in turn, are politically, socially, and culturally constructed. These unequal relations tend to be particularly visible and endemic in developing countries; therefore, these power constructions mean that women experience a wide range of vulnerabilities that their male counterparts do not face.

This chapter explores the question of how gender theory can be useful in developing a new gender-hazard disaster framework of vulnerability that can serve as a predictor for gendered outcomes from disasters. Such outcomes can thereby be planned for and specifically addressed during disaster preparedness and relief efforts. This chapter first examines the term "disaster" and its meaning in the context

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of this chapter to illustrate the social construction of disaster. Disaster is a widely used term that means many things to many people. For example, early disaster research that still informs the foundations of much disaster response efforts focuses on event-based definitions that hide the gendered nature of disasters. However, event-based definitions that are constructed on the concept of hazards are useful in this discussion. More recent research has given greater credibility to the social production of disasters that expose the stratification of vulnerabilities across populations and demographics. As shown below, both understandings of disaster have merit in this discussion.

From here, this chapter explores the recent history of the intersection of gender theory and disaster, and then looks at some of the more relevant feminist theories and theories of masculinity to understand how gender inequities are produced, but more importantly, what they mean in terms of vulnerability and disaster risk reduction. With this as a baseline, the chapter examines the advantages and disadvantages of three of the most widely used disaster vulnerability frameworks and suggests a new gender-hazard framework that would allow a more gender-sensitive approach to disaster planning and recovery. Based on an examination of the epidemic of sexual violence against women that occurred in the aftermath of the 2010 Haitian earthquake, this new framework shows how it is possible to both predict and prevent the disproportionate levels of vulnerability women experience during disasters, by conceptualizing gender itself as a hazard in disaster contexts.

4.1 Disaster: Thinking Beyond the Natural

Historically, sociologists have differentiated disasters from hazards by adopting a temporal, event-centric, and property-based viewpoint. They define disasters as events "in which a community undergoes such severe losses to persons and/or property that the resources available within the community are severely taxed." In contrast, hazards are "conditions with the potential for harm to the community or environment" (Drabek 2004, p. 3). In event-based definitions, hazards precede disasters, contribute to the disaster's severity, and impede effective disaster response.

Although disaster experts have generally moved away from this event-based, single-dimensional definition of disasters and adopted more sophisticated definitions that reflect a multidimensional system view of the social, technical, and natural spatial continuum of a community's characteristics, both before and after the event itself (Bowden 2011), there is some validity in using the more traditional sociological definition when thinking about gender and disasters. The traditional notion of disaster denotes the precedence of a hazard and therefore an associated level of predictability and its associated action: the ability to plan disaster response approaches in advance of an event. Thinking about preexisting hazards also makes it possible to think about ways of identifying, reducing, or eliminating the known factors that constitute the very vulnerabilities that disasters tend to exacerbate.

For the purposes of this chapter, the term “disaster” refers to an entire continuum of time from when the disaster event occurs, to the immediate post-event state of emergency when life and death needs must be addressed, to the stabilized state when displaced persons begin returning home or focusing on rebuilding their community’s systems and infrastructures. The amount of time represented by this continuum of disaster is dependent on many factors, including the nature and severity of the event, the characteristics of the preexisting hazards, and the entire spectrum of social, educational, economic, institutional, and cultural conditions.

The latter phase has been the study of many resiliency studies (Paton and Johnston 2006; National Academies 2012) and has led to the concept of “new-normal” to characterize the idea that in many instances, communities simply cannot and will never recover to their pre-disaster event conditions. This temporal approach to defining disasters insists on accounting for both their history and afterlife.

Lastly, it is important contextually to acknowledge a fact about disasters that is beyond the scope of this chapter, but a systemic contributing factor to any disaster vulnerability analysis. Almost 90 % of the worldwide deaths from disasters from 1900 to 1999 were from the slowest and most heinous forms of what is known as “slow-onset” disaster: political conflict, famine, drought, and preventable disease (Blaikie et al. 2003). While disasters from natural events, like floods and earthquakes, capture the headlines, they are not the greatest threat to humanity. Slow-onset disasters inform the daily “normal” lives of hundreds of millions of people worldwide. For this population, normal and vulnerable are synonymous. The only distinction produced by a natural event is that the degree and scope of vulnerability are greatly increased by the event’s sudden rendering of the thin veneer of what previously passed as normal.[1]

[1] Comment by Larry Roeder, series editor: The handling of livestock in emergencies provides an excellent example for a coordinated humanitarian strategy, in this case linking humanitarian and animal welfare NGOs, UN agencies, and national authorities. Burma uses cattle instead of tractors to harvest rice, so when Cyclone Nargis struck in 2008, it left a path of destruction across the country and seriously threatened the rice crop, especially when thousands of cattle were wounded. I worked on relief coordination out of Bangkok supporting veterinary teams sent to Burma, including veterinarians from New Zealand, Australia, and Asia, which worked in partnership with the UN’s Food and Agriculture Organization (FAO) and local government officials. If the cattle’s condition had been left unchecked, the people would have starved and Burma could have become a net importer of rice instead of keeping its traditional role of net exporter. That required animal welfare experts working alongside doctors, nurses and other humanitarian professionals. In some countries like Albania in 1991and Somaliland in 2012, more than 80 % of personal income came from livestock. Indeed, of the billion poorest people in the world, over 800,000 totally depend on livestock for a living. In other words, protecting livestock is a tool for protecting the human economy; yet often animals are at risk, not so much out of neglect but due to the moral conflict of balancing human and animal needs. Burma shows that a balanced, holistic approach is needed for humanitarian development. To develop that strategy, NGOs from traditional humanitarian sectors like public health, gender protection, etc., sat in meetings with animal welfare experts in Bangkok and developed a common plan of action. They recognized that modern relief operations often require going beyond the protection of the human body. They must include the entire human economy and culture “as a system.” The same point could be made for integrating the protection of historical monuments, centers of learning and record keeping, places of worship, industrial centers, etc.

4.2 Gender and Disaster Research

In spite of the fact that women were the media face of Katrina, subsequent disaster and sociological research has largely focused on poverty and race when in fact it was the women who were among the most vulnerable communities, with experiences that men did not face (David and Enarson 2012). Therefore, it is not surprising that the idea of looking at disasters through a gender lens is very recent. Prior to the early twenty-first century, almost all disaster research was gender neutral or gender blind, (Enarson and Meyreles 2004), treating gender as one of the many variables in quantitative analysis (Tierney 2007), or only discussing gender in the context of "other" or "victim." Additionally, on the response side of disaster, women tend to be excluded from official emergency response agencies worldwide, because they typically rely on militarized command and control legacies and structures (Ariyabandu 2009; Fothergill 1998). As Australian sociologist and disaster researcher Meagan Tyler points out, "One of the most obvious ways in which the gendered nature of disaster tends to be recognized, is the heavily male-dominated nature of formal disaster response" (2013, p. 20). Each of these approaches obscures the ways disasters uniquely affect women, to their detriment in disaster planning and recovery efforts.[2]

In addition to the organization and structural reasons, there are also two basic reasons for the paucity of gender-sensitive disaster research. The first relates to the lack of an overarching body of study of gender and disaster issues in general. In their seminal work *The Gendered Terrain of Disaster,* Enarson and Marrow (1998) describe just how little research had been done on the subject of gender and disaster. With the exception of a handful of studies, they found little evidence of gender being seriously analyzed. In fact, the social relations of gender in disasters were conspicuously unexpanded even when social class or racial stratification was examined. In 2002, Enarson revisited this subject and concluded, "[i]f addressed at all, gender has been integrated into disaster research and practice as a demographic variable or personality trait and not as the basis for a complex and dynamic set of social relations. Gender is also seen as an aspect of women's lives more than men's and as derivative of social class, i.e. women are disaster victims because they are poor"(p. 5).

This general lack of attention to the experiences of women in disaster research has also been explored by Bolin et al. (1998). They postulate that there are two reasons for this lack of research. First, most disaster research relies on theoretical and methodological approaches that do not address gender analysis or the status of women either before or after a disaster occurs. Second, because most disaster research in the USA is funded, and, therefore by definition, structured by federal agencies, disaster research is conducted through the lens of governmental concerns with an applied managerial focus, which has a historically male-dominated command-post premise,

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Protection of people in crisis also has to be about more than just protecting the body from rape or a country from plunder. *It must be about the protection of the wholeness of a civilization.*

[2] Roeder saw some change in disaster planning in Somaliland in 2010 when he toured the country, mainly that women were participating in disaster planning.

that avoids in-depth analyses of social inequalities (p. 27). Similarly, Tierney (2007) points out that even when post-Katrina researchers noted the pitfalls of looking at disasters in this way, they nevertheless privilege the disaster narratives of official organizations and structures over those of victims and community-based groups. The recent work of David and Enarson, referred to above, is a notable exception to this myopia in their 2012 collection of narratives, research reports, and expert commentaries taken from a broad spectrum of Katrina's race, class, and gender voices.

4.2.1 Gendered Bodies

It is hard to get very far in a discussion of power, inequities, and vulnerability in disasters without referring to gender theory. But as noted above, research into the broader significance of gender in disasters did not begin to emerge until decades after the emergence of the second wave of feminism in the USA and after the development of gender as a sociological area of discipline (Tierney 2007). In this regard, disaster studies are no different from other early mainstream theories of sociology in which the effects of gender, race, and class were largely marginalized or absent (Wajcman 2004). For example, even now, the core disaster research workforce is remarkably lacking in diversity. In the USA, there are only approximately 200 core disaster researchers from all the social sciences, who are overwhelmingly male with almost no representation from the female, Hispanic, or African American community of sociologists (National Research Council 2006). This observation is not intended to infer a causal relationship, but is a comment on the historically male-dominated, institutionally structured tradition of disaster research that mirrors the traditional formal disaster response profile.

This patriarchal tradition has unfortunately helped to obscure the importance of broadly incorporating gender theory into the scholarship of disaster research. The following section briefly summarizes several recent schools of thought in feminist theory and theories of masculinity that are useful in moving from flat ungendered disaster research to a more nuanced, if not rich, understanding of the role gender can play in minimizing the effects of a disaster.

4.2.2 Liberal Feminism

To a certain degree, all schools of feminist theory can trace their roots to liberal feminism. Globally, it is the dominant voice in the women's rights movement. Liberal feminism is rooted in the simple notion that women are equal to men, should have the same rights and duties of citizenship and law as men, and that the state has an obligation to ensure those rights. A core concern of liberal feminism is state-sponsored discrimination and a commitment to gender equality by institutionalized improved opportunities for women (Tong 2009). Liberal feminist critique of inequality also informs much of disaster research and recovery efforts. Disaster orga-

nizations frequently evoke stereotypical notions of women's career choices or work roles when establishing disaster response efforts (Enarson 2012a). These gendered differences in disaster recovery efforts often marginalize women to pre-disaster domestic or household roles, while excluding them from more empowering economic, structured, and respected roles in the community's recovery efforts.

4.2.3 Socialist Feminism

Socialist feminists argue that ending economic exploitation, not discrimination, is the key to female empowerment (Mitchell 1966). Additionally, socialist feminists argue that both "capitalism and men benefit from patriarchal structures built around gendered divisions of labor" (Enarson ibid). These economic inequities are often heightened during disasters. Patriarchal systems of property and legal rights proved to be a devastating feature of the 2004 Indian Ocean tsunami disaster aftermath (Ariyabandu 2006). For example, the Sri Lankan government offered financial relief to families affected by the 2004 tsunami, but in the eastern coastal area of Batticaloa, authorities recognized only male-headed households, so women whose husbands had died in the tsunami were not eligible to receive financial assistance (UNIFEM 2006). This example serves to highlight the particularly important underlying Marxist concept of social feminism in terms of the destructive power relationships created when men in patriarchal societies control the family's private property and are the source of a family's incomes, while only offering women the role of being unpaid domestic labor. As such, socialist feminist theory is useful for understanding how economic marginalizations combined with patriarchal social structures increase women's vulnerabilities before, during, and long after disasters. This economic inequality plays a significant role in the context of disaster recovery in that the extent of a woman's vulnerability is directly related to her ability to retain her savings (if she has any) as well as produce income outside the home during periods of disaster recovery. Even though economic empowerment is critical to disaster resiliency, women are often denied access to empowering structures by the same patriarchal systems that produced their economic vulnerabilities prior to the disaster event.

4.2.4 Radical Feminism

In contrast to liberal and socialist feminist theories, radical feminism views women's subordination through a universal sex/gender system in which men seek power and control over women through sex. In radical feminist theory, control over a woman's sexuality is seen as the root cause of female subordination, and sexual and psychological violence by men is their primary tool for maintaining control and domination. Radical feminism can be particularly useful in understanding and responding to the gender-based violence that occurs in disasters (Enarson ibid). Both Griffin (1971) and Millett (1970) have offered that rape serves as the ultimate

means of social control in patriarchal societies. But Griffin has taken this further and it is particularly useful in the context of disasters. Griffin contends, "rape is not an isolated act that can be rooted out from patriarchy without ending patriarchy itself…no simple reforms can eliminate rape" (35). In other words, masculine dominance, power, and violence are socially constructed, and not biological phenomena, even though the tools of dominance are biological. For example, part of the gendered story of Katrina is that the hurricane and the subsequent devastation caused by the levee ruptures provided an opportunity for some men to exercise their need for dominance, resulting in sexual crimes against vulnerable populations of women (Tierney 2012).

4.2.5 Masculinities: Hegemonic, Complicity, and Marginalization

Australian sociologist Raewyn Connell has done some groundbreaking work in theories of masculinity that recognize the interplay of gender, race, and class recognizing that there are multiple masculinities. These multiple masculinities are particularly important in looking at gender in the context of disaster studies, since traditional avenues for men to obtain and maintain their honor have historically been wrapped around adequately providing for their families and exercising leadership. Drawing on Sandra Bem's early gender research on androcentrism, or male-centeredness that has institutionalized male political power (1993), Connell posits that "Hegemonic masculinity can be defined as the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees the dominant position of men and the subordination of women" (2005, p. 77). While symbols of hegemonic masculinity typically take the form of men in the military, such as in the militarization of New Orleans after Katrina,[3] top levels of businesses, and government agencies, it is important to note that these symbols are not a fixed character type and are culturally formed. It is the masculinity itself that comprises the hegemonic position in a given pattern of gender relations, not the uniform.

Using the idea of hegemonic masculinities is particularly useful in any gendered analysis of disasters. For example, disasters often replace individual male roles of family protector or provider with institutional forms of masculine hegemonies represented by disaster camp organizers and nongovernmental organizations (NGOs). Recognizing this shift may occur is important in preventing patriarchal dominance from merely shifting from the household to the aid camp. Additionally, as sociologist Duke Austin has argued that disasters often destroy the societal structures that support hegemonic masculinity, creating feelings of helplessness, loss, inadequacy, and stress that can be expressed through increased violence by some men (Austin 2008).

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[3] Roeder: Do you think the militarization of response (national guard, not Federal troops) was a bad thing? See also Reading Hurricane Katrina: Race, Class and the Biopolitics of Disposability by Henry Giroux, College Literature, 2006, Vol. 33(3), pp. 171–196.

Connell's notion of complicit masculinity seeks to address the problems of numbers in all gender theories that tend to focus on syndromes and types, but not numbers of people. Sexual politics is mass politics and if a large number of men benefit from the patriarchal dividend but do not participate in the hegemonic project, they still need to be represented. Complicit masculinity also seeks to address the simple question of why do so many men *not* use crime to "do gender" when living in the exact same class, race, and gender structures as those who do commit crimes in a disaster situation. As Connell points out, "A great many men who draw the patriarchal dividend also respect their wives and mothers, are never violent towards women, do their accustomed share of the housework, bring home the family wage" (80). Lastly, Connell's concept of marginalized masculinity addresses the fact that not all masculinity is defined by gender. Men who fall into this category do not benefit from the hegemonic ideal because of traits other than their gender, such as race and class. Concepts of marginalized masculinities are also extremely useful in understanding how men can become victims of oppression and inequities in disasters and are forced into situations, like migrating to look for work after disasters, that only exacerbate women's vulnerabilities when they are left behind.

In one of the few studies to examine the role of masculine gender in disasters, Tyler draws on the work of Connell's hegemonic masculine theory in her examination of the ongoing bushfire disasters in Australia: "The concept of hegemonic masculinity is particularly useful as it acknowledges that there are often many ways in which men can be accepted as appropriately masculine, but it also highlights that some constructions of masculinity have more cultural weight than others" (2013, p. 24). Tyler is one of the first researchers to explore the concept of masculine gender theory in disaster settings to go beyond looking at women as "the other," and incorporate an analysis of constructions of masculinity. This is critical in that otherwise any analysis will set up a biological binary that is based on the masculine standard which obscures how existing norms and practices "are inevitably affected in particular ways when formed in heavily male-dominated environments" (24). Hugh Campbell and Michael Bell have referred to this as the "invisibility of masculinity" which hides masculinity, "while femininity is continually marked for special emphasis" (2000, p. 536). As Tyler points out, research into gender and disaster must make the "social construction of masculinities visible" (24).

In another development of masculine theory, sociologist and criminologist James Messerschmidt draws on Connell's early work (1987) in his study on the relationships between crime and masculinities and takes the concept of marginalized masculinity further in developing his own theory of masculinity. His theory of social structures links class, gender, and race without surrendering to the separate systems approach, such as some feminist theories that treat capitalism and patriarchy separately. Messerschmidt's concepts of ways that interconnected social structures channel masculine behavior in specific ways are particularly useful in building a more nuanced understanding of the relationships between socially constructed disaster variables.

4.3 Vulnerability Frameworks

As noted earlier, for many reasons, gender theory has played far too small a role in disaster research. The fact that women suffer disproportionately and differently from men during disasters can be predicted. This demands actions and accountability of every disaster stakeholder, including disaster researchers. One of the most compelling demands for this accountability comes from Biermann (2006) in which she graphically documents the systemic gendered root causes for the thousands of documented cases of sexual violence against women and girls that occurred after the 2004 Indian Ocean tsunami:

> Gender perspective in disaster relief is *not an accessory that can be used at will* but an important quality criterion for the professionalism and efficiency of the work for women and men: a gender-sensitive disaster management could have prevented the disaster after the disaster, i.e. sexualized and structural violence against women. (85)

In reflecting on the newest approaches to disaster research, Enarson and Chakrabarti (2009) emphasizes the contradictions and complexities in women's lives and their different and sometimes divergent needs and interests in disaster contexts. Echoing Bierman's exhortation on the role of gender in disasters, she argues that while sex and gender never play out in isolation from other social constructions during disasters, they are also not irrelevant and must be examined.

Before discussing the three most prevalent frameworks of disaster vulnerability, it is important to understand the concept of vulnerability or aspects of society that can increase or exacerbate the impact of a disaster. Piers Blaikie et al. define vulnerability as "the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard. It involves a combination of factors that determine the degree to which someone's life, livelihood, property and other assets are put at risk by a discrete and identifiable event (or series or 'cascade' of such events) in nature and in society" (2003, p. 11). Additionally, they posit that vulnerability is generated through a chain of root causes embedded in ideological, social, and economic systems, the dynamic pressures of a demographic, socioeconomic, or ecological nature, and sets of unsafe conditions that when combined with an event (e.g., an earthquake) produce a disaster (3). In other words, many post-disaster catastrophes that have been traditionally attributed to hazard/event/behavior are more appropriately explained by, and have their roots in, gendered practices, that is, patterns of societal, cultural, and organizational exploitation and control that were in place before the disaster.

With this recognition of the contradictions and complexities, Anthony Oliver-Smith's (2002) discussion on the mutuality and multidimensionality of disasters serves as an excellent lens to begin understanding the relationship of gender and disasters. Oliver-Smith describes disasters as being multidimensional because they are physical and social/event processes, and that disasters are socially constructed and experienced differently by different groups and individuals, generating multiple interpretations, reactions, and responses.

	Micro	Meso	Macro
Natural	Factors leading the storm to hit land near New Orleans.	Multi-year cycles affecting water temperatures in the Gulf of Mexico.	Climate change. Increased storm intensity.
Technological	Storm surge. Break in levee. Flooding in New Orleans.	Bureaucratic problems preventing proper design, construction, and repair of the levee.	Economic forces affecting location of the city. Ideology of environmental domination.
Social	Differential construction of victimhood. Breakdown of dual system of social order.	Social processes leading to spatial segregation.	Institutional racism. The heritage of slavery. Segregation.

Fig. 4.1 Socio-ecological framework. (Bowden)

4.3.1 Socio-Ecological Framework

Echoing technological and systems theory (Perrow 1999; Hughes 1989) which asserts that large-scale technological systems have technical, economic, organizational, political, and cultural elements, Gary Bowden (2011) argues that Hurricane Katrina was actually three disasters: the hurricane, the flood created by the levee failures, and the social-based disaster in the wake of the levee failures. Based on this three-disaster construct, Bowden creates a socio-ecological framework for describing the temporal aspects of disasters mapped against the three primary systems in any disaster, the natural, technological, and social (p. 51; see Fig. 4.1). This framework allows us to see disasters not as individual events, but as a result of complex interacting processes that have history. Bowden's framework also highlights the need for robust ways of organizing knowledge flows across a complex infrastructure from the micro to the macro to avoid "knowledge gaps" (Frickel and Vincent 2011). What this framework does not provide though is a meaningful perspective on the network of socially constructed vulnerabilities that are exposed after the disaster event.

4.3.2 Capacities and Vulnerabilities Framework

The predominant framework for assessing vulnerabilities within the NGO community is the Capacities and Vulnerabilities framework (Anderson and Woodrow 1998; see Fig. 4.2). Like the Bowden framework, it is multidimensional and looks at three broad, interrelated systems: physical/material, social/organizational, and motivational/attitudinal. While this framework is more attuned to the socially constructed aspects of vulnerabilities than the Bowden framework, it remains gender neutral in its underlying construction. Additionally, the framework presumes a preexisting level of capacity to recover that is common across a community, which does not exist in most patriarchal societies.

	Vulnerabilities	Capacities
Physical/Material What productive resources, skills, and hazards exist?		
Social/Organizational What are the relations and organization among people?		
Motivational/Attitudinal How does the community view its ability to create change?		

Fig. 4.2 Capacities and Vulnerability framework. (Anderson and Woodrow)

Physical/Material Vulnerability	Social/Organizational Vulnerability	Motivational/Attitudinal Vulnerability
• Disaster prone location of community • Insecure sources of livelihood • Risky sources of livelihood • Lack of access and control over means of production (land, farm inputs, animals, capital, etc.) • Dependent on money-lenders, usurers, etc. • Inadequate economic fall-back mechanisms • Occurrence of acute or chronic food shortage • Lack of adequate skills and educational background • Lack of basic services: education, health, safe drinking water, shelter, sanitation, roads, electricity, communication, etc. • High mortality rate, malnutrition, occurrence of diseases, insufficient caring capacity • Overexploited natural resources • Exposed to violence (domestic, community conflicts, or war)	• Negative attitude towards change • Passivity, fatalism, hopelessness, dependent • Lack of initiative, no 'fighting spirit' • Lack of unity, cooperation, solidarity • Negative beliefs / ideologies • Unawareness about hazards and consequences • Dependence on external support / dole-out mentality	• Weak family/kinship structures • Lack of leadership, initiative, organizational structure to solve problems or conflicts • Ineffective decision-making, people/groups are left out • Unequal participation in community affairs • Rumors, divisions, conflicts: ethnic, class, religion, caste, gender, ideology, etc. • Injustice practices, lack of access to political processes • Absence or weak community organizations (informal, governmental, indigenous) • No or neglected relationship with government, administrative structures • Isolated from outside world

Fig. 4.3 Vulnerabilities checklist applied to Capacities and Vulnerabilities framework

Figure 4.3 shows a checklist developed by the Asian Disaster Preparedness Center from this framework to add more definitions to the Anderson and Woodrow framework (Heijmans and Victoria 2001). Again, as comprehensive as this checklist is for assessing a community's overall vulnerability to a disaster, it too is gender neutral.

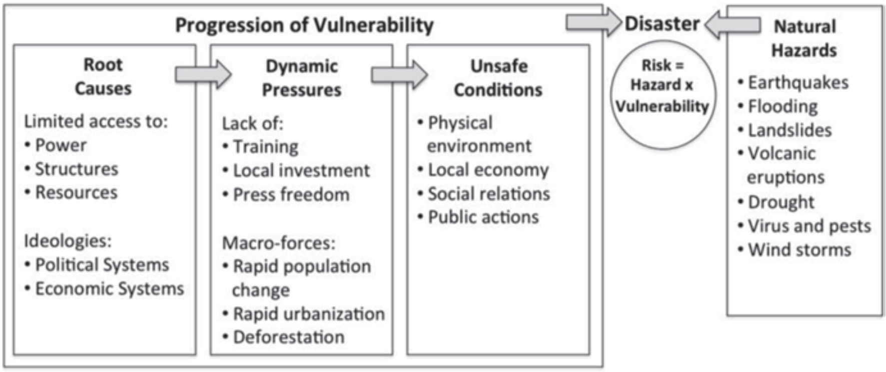


Fig. 4.4 Pressure and Release framework. (Blaikie)

4.3.3 Pressure and Release Framework

The Pressure and Release (PAR) framework (Blaikie et al. 2003), shown in Fig. 4.4, treats disaster as the intersection between socioeconomic pressure and physical exposure. The framework provides a way of directing attention to the preconditions that make human exposure unsafe, leading to vulnerability, and to the causes that create these unsafe conditions (49). The framework is based on the idea that disaster occurs at the point of intersection between vulnerabilities and the triggering event of natural hazards. The "release" concept is based on the fact that if the vulnerabilities can be reduced prior to the disaster, their impact will be greatly lessened at the point of the disaster. While there is an implied temporal aspect to the PAR framework through the progression of vulnerabilities, like the Bowden and Anderson and Woodrow frameworks, it too is gender neutral or obscures gender vulnerabilities in other forms of macro-forces, such as the dynamic pressures of urbanization and deforestation.

4.3.4 The Case for A Gender-Hazard Framework

While a disaster affects everyone in the community, disasters are not gender neutral, as the above vulnerability frameworks imply. In fact, Connell's work on complicit masculinity is important here because it shows that these frameworks privilege men by default by being gender neutral. Additionally, women's historic disadvantages, documented so well in feminist theory, only reinforce the widely recognized fact that women suffer disproportionately in periods of disaster when compared to men. As discussed below, this vulnerability is reflected in four major ways that are unique to women: disproportionate mortality rates, economics, sexual abuse, and institutionalized culture-specific inequities.

Globally, women are more likely to die as a result of natural disaster. For example, worldwide, for every one adult male who drowns in a flood, there are three

to four women who drown (Neumayer and Plümper 2007). This is because of the simple cultural fact that many women do not learn how to swim or climb trees and as a result are unable to leave their homes. For example, Eric Neumayer and Thomas Plümper also note in their study that during a 1991 cyclone in Bangladesh, many women died at home with their children, instead of swimming to safety because they were waiting for their husbands to return home and make the decision to evacuate. Furthermore, in 2010, United Nations Population Fund (UNFPA) conducted the first global statistical analysis of the effect of natural disasters on the life expectancy of men and women (a study of 4,605 natural disasters occurring in 141 countries) and found that women were more likely to die in natural disasters and their aftermath, and that the statistical proof was strongest in countries with very low social and economic rights for women. For example, in the 2004 Indian Ocean tsunami, 70 % of the deaths in Sri Lanka were women (UNIFEM 2006).

Disasters frequently produce what is known as post-disaster "flight of men," which leaves women as heads of households with the sole responsibility for providing for the family. Sometimes, men are killed, leaving their wives/partners behind. But more often when disasters make it impossible for men to make a livelihood locally, they are forced to migrate from rural areas to towns in search of work, leaving their wives with the immediate responsibility of feeding their children without more sources of income than their husbands had[4] (Bandyopadhyay et al. 2006). Additionally, the fact that globally women tend to have lower literacy levels than men and are less likely to own land leaves women at a further disadvantage just when they are asked to take on increased financial responsibilities (Tobin and Whiteford 2001).

Increases in violence against women in disasters are not limited to developing countries. In the USA, after Hurricane Katrina, sexual violence was common in trailer camps set up to house those displaced by the storm. A 2007 survey conducted by the International Federation of Red Cross and Red Crescent Societies (IFRC) in the trailer camps set up after Katrina found alarmingly high rates of sexual violence. The rate of rape in the trailer camps was found to be 53.6 % higher than the highest baseline state rate. To further confirm the severity of this abuse, across the entire state of Mississippi, the reported statistics of rape and sexual abuse rose from 4.6/100,000/day before Hurricane Katrina to 16.3/100,000/day a year later, and was still at an elevated level of 10.1/100,000/day 2 years after Katrina (Anastario et al. 2009). Similarly, there are many other examples that are equally uncomfortably close to home. For example, the following examples come from an unpublished fact sheet of public sources compiled by Enarson (2012b):

- The director of a battered women's shelter in Santa Cruz, CA, reported requests for temporary restraining orders rose 50 % immediately after the 1989 Loma Prieta earthquake that struck the San Francisco area. Five months after the earth-

[4] Roeder: I have seen in Japan and East Africa that women often are reduced to lower forms of work than that of the spouse. Prostitution in Haiti and making alcoholic drinks in a refugee camp near Khartoum are two examples I have seen with my own eyes, because they were allowed to do nothing more meaningful.

quake, a United Way survey of over 300 community service providers ranked "protective services for women, children, and elderly" sixth among 41 community services most requested and unavailable to residents (United Way of Santa Cruz County 1990), while it reported that incidents of sexual violence against women rose by 300 % from pre-earthquake levels (Commission for the Prevention of Violence Against Women 1989).

- A 1992 survey of community leaders responding to an open-ended question about the effects of the 1989 Exxon Valdez oil spill cited an increase in domestic violence as the number-one effect. They also reported increased child physical and sexual abuse, elder abuse, and rape after the spill (Araji 1992).
- After Hurricane Andrew in 1992, spousal abuse calls to the local community hotline in Miami increased by over 50 % (Centers for Disease Control 1992).
- Police reports of domestic violence in the 7 months after Mt. St. Helens erupted increased by 46 % over the same period in the year earlier (Adams and Adams 1984).

Lastly, there are institutionalized gender inequities evident in the government response to disasters. Typically, on both a domestic and an international level, disaster and emergency management agencies, law enforcement, and fire personnel are still dominated by men who may overlook or not be sensitive to the special needs of women, such as sanitary supplies and contraceptives, or simply privacy (WHO 2002). This translates into traditional cultural patterns which present particular difficulties for women after a disaster. For example, in Pakistan, displaced women living in Internally Displaced People (IDP) camps lost their privacy and ability to maintain "purdah" (the Muslim and Hindu practice of secluding women from public observation); "[m]any have never been around a man who isn't a member of their family. Now they are amongst hundreds of men who are complete strangers" (IRIN 2010).

As shown by these examples of universal inequities, a new framework, shown in Fig. 4.5, is needed to more fully understand the gender-hazard produced by disaster. By applying the rich gender theory work described above and building on existing proven multidimensional disaster vulnerability frameworks, it is possible to develop a new theoretical framework specifically focused on addressing the gendered needs of women during disasters. The construction of this framework is based on the following foundational structures: Bowden's concept of disaster's interrelational systems (natural, technological, and social) and the notion of spatial–temporal relationships (micro, meso, and macro), but looking at the gendered systems of a locale that play out through a spatial–temporal spectrum of cause–result–impact. Addressing the importance of the gender-hazard systems recognizes their role as a significant determinate of power relationships between women and men in many societies, especially in developing country societies. In this context, the gender-hazard system becomes the natural hazard described in Blaikie's PAR framework that serves to put the cause–result–impact relationships into motion that lead to predicted outcomes of gendered vulnerabilities.

Gender-Hazard System	Cause	Result	Impact
Social	Disintegration of social patterns	Social vulnerability	Women are at risk of increased experiencing physical and sexual violence
Educational	Lack of access to information and knowledge	Educational vulnerability	Women experience ongoing economic vulnerability
Economic	Lack of access to resources	Economic vulnerability	Women may be denied adequate relief aid or compensation for their losses
Institutional	Limited access to political power and representation or lack of strong national and local institutional structures	Political and Organizational vulnerability	Women are excluded from shaping rebuilding and reconstruction efforts
Cultural	Religious or societal beliefs and customs	Cultural vulnerability	Women motivated to accept/hide violence

Fig. 4.5 Gender-hazard disaster framework

Additionally, this framework draws on feminist theory and theories of masculinity in treating gender as a preexisting hazard. Liberal feminist theory suggests that political representation and patriarchal institutions work to exclude women from participating in disaster resiliency efforts. Social feminist theory suggests the need to address the specific needs of women and girls across the temporal disaster cycle and address the economic and education needs of women to mitigate disaster outcomes. From radical feminist theory, the framework specifically addresses the increased probabilities of violence against women during a disaster. And, from theories of masculinity, the framework draws heavily on concepts of hegemonic masculinities in looking at the root causes that produce female vulnerabilities in a disaster.

Thinking about hazards not just in terms of natural events, such as earthquakes, flooding, etc., but in terms of gendered systems that precede disasters, we arrive at a completely different way of looking at disaster vulnerability frameworks than the ones we started out with. The gender-hazard framework has the added advantage of implying some level of predictability and its implication for the ability to plan in advance to mitigate the effects of the gendered hazard. Thinking about gender as a preexisting hazard also makes it possible to think about ways of reducing or eliminating known socially constructed gendered factors that exist before an event that has a high probability of producing an environment where gendered vulnerability is most likely to produce negative consequences for women. As shown in the following section, thinking about gender as a hazard could have informed the international relief communities' rush to provide aid to Haiti in 2010.

4.4 The Haitian Construct

The massive earthquake of January 2010 in Haiti is estimated to have left more than 200,000 people dead and 1.5 million homeless. The most affected cities of Port-au-Prince, Leogane, Petit Goave, and Jacmel experienced widespread destruction of infrastructure and disruption of even the basic services, such as shelters, electricity, water, transportation, health, and security services. Two years after the disaster, approximately 1.3 million people continued to live in squalid IDP camps built of sheets where the threat of sexual violence is continuous (Petition to the Inter-American Commission on Human Rights, Organization of American States 2010, p. 2). Worldwide, IDP camps are some of the most dangerous living conditions for women (Internally Displaced Monitoring Centre 2013). Unfortunately, this violence against women has a long history in the disaster relief community. For example, gangs repeatedly raided temporary shelters set up in Honduras after Hurricane Mitch in 1998, resulting in robberies, rapes, and killings due to the lack of adequate security protections (UNHRC 2009).

While the high levels of sexual violence against women have been widely documented by the international press, NGOs, and other international agencies, the underlying "causes" were present long before January 2010. Decades of political instability, pervasive poverty, and gender inequities had taken a heavy toll on the rights and security of women. For example, the 2006 National Census revealed that one out of three women had experienced sexual violence one or more times in their lives (World Bank Caribbean Country Management Unit 2006, p. 33), and this number is generally believed to be widely underreported. In 1999, the United Nations Stabilization Mission in Haiti reported that levels of sexual violence and attitudes in the community concerning sexual violence had not changed since the use of rape as a political weapon from 1991 to 1994 (Faedi 2008, p. 180). Only in 2005 was the *2006–2011 National Plan to Combat Violence Against Women* adopted and the Haitian Penal Code amended to recognize rape as a criminal offense with increased penalties rather than an "offense against morals" (Le Decret Modifiant le Regime des Agressions Sexuelles et lliminant en la Matière les Discriminations Contre la Femme). Unfortunately, in 2009, the Inter-American Commission on Human Rights reported:

> The Commission conveys and reiterates its grave concern over the suffering of Haitian women due to a situation of widespread and systematic violence and discrimination. The Commission also underscores the importance of considering the specific needs of women in the public and institutional response to these problems and the overall security situation in Haiti…. The problems of discrimination and violence against women remain taboo and hidden issues in Haiti, which leaves the victims with a sense of insecurity, defenselessness and mistrust that the acts suffered will ever be remedied, and that their physical and emotional scars will ever be healed. (p. 1)

The earthquake served as a natural catalyst for immediately heightening the already existent levels of resultant female vulnerability and their associated "impacts." Though official statistics are lacking, there is overwhelming evidence that rape dramatically escalated in Haiti after the earthquake. Since January 2010, Komisyon Fanm Viktim pou Viktim (KOFAVIV) tracked at least 300 rapes in just 22 of

Gender-Hazard System	Cause	Result	Impact
Social	Disintegration of social patterns – ***Prior to 2010, Haiti was the poorest nation in the Western Hemisphere: 80% living under the poverty line and 56% under the abject poverty line***[1]	Social vulnerability	Women are at risk of increased experiencing physical and sexual violence
Educational	Lack of access to information and knowledge – ***2009 Haitian female adult literacy rate was 64%***[2]	Educational vulnerability	Women experience ongoing economic vulnerability
Economic	Lack of access to resources – ***2009 average annual income of Haitian women was $626 compared to $1695 for men***[3]	Economic vulnerability	Women may be denied adequate relief aid or compensation for their losses
Institutional	Limited access to political power and representation or lack of strong national and local institutional structures – ***In 2009 Haitian women hold less than 4% of public offices***[4]	Political and Organizational vulnerability	Women are excluded from shaping rebuilding and reconstruction efforts
Cultural	Religious or societal beliefs and customs – ***Haitian women fear of reprisal, shame, and very low male prosecution rates***[5]	Cultural vulnerability	Women motivated to accept/hide violence

Notes:
[1] CIA Factbook on Haiti. Last access 7/26/2013. https://www.cia.gov/library/publications/the-world-factbook/geos/ha.html.
[2] UNDP Human Development Report 2009. p. 183.
[3] UNDP Human Development Report 2009. p. 183.
[4] UNDP Human Development Report 2009. p. 188.
[5] Center for Human Rights and Global Justice, NYU School of Law. *Sexual Violence in Haiti's IDP Camps*. March 2011. p. 6.

Fig. 4.6 Gender-hazard disaster framework: Haitian construct

the hundreds of camps in Port-au-Prince (pp. 4–6). A University of Michigan and Geneva-based Small Arms Survey team estimated that 3 % of all women in Port-au-Prince had been sexually assaulted in less than 3 months after the earthquake (2010, p. 2). Doctors Without Borders reported they treated 68 rape survivors at one facility alone in Port-au-Prince in April 2010 (MSF, p. 13).

By contextualizing the conditions of the Haitian woman before January 2010 in the gender-hazard disaster framework, shown in Fig. 4.6, the simultaneously occurring leading indicators of Haiti's social, educational, economic, institutional, and cultural gender-hazard systems should have informed disaster relief responses. The well-documented macro-level "causes" that characterized the Haitian population in general and women specifically prior to the earthquake should have been strong indicators to the international aid community that rushed to Haiti in the immediate aftermath of the earthquake that a very strong possibility existed for the extreme levels of sexual violence and all possible steps should have been taken to minimize the possibility in establishing the IDP camps.

Unfortunately, because of the lack of analysis, general awareness, or apathy for this subject among the disaster expert community, the potential "impacts" of these "causes" were ignored or only viewed from a gender-neutral perspective by the international aid community in the rush to set up IDPs. For example, Amnesty

International reported in January 2011 that until very recently, there was absolutely no lighting or security of any kind in the IDPs after dark; women were forced to share unlighted bathrooms in out-of-the-way locations with men, bath in public with no privacy, and forced by the IDP camp-sponsoring agency to sleep in tents with strangers if they had lost contact with male family members who might have been able to provide some level of protection (p. 6).

The fact that the international aid community, including the many UN agencies, established massive IDPs without basic levels of gender protection is grossly inexcusable and completely devoid of any understanding of the gendered vulnerability in Haiti prior to 2010, or the lessons learned with regard to women's security and increased vulnerability for sexual violence after the Asian Pacific Tsunami in 2004 (Chew and Ramdas 2005, p. 2) or Hurricane Katrina in 2005 (IWPR 2010, p. 3). An unsurprising result is that the 2011 estimates of sexual violence against women in the Haitian IDPs range widely from what is generally conceded to be on the conservative side of 35 % by Amnesty International (2011, p. 13) to over 70 % by the Haitian women's rights organization Kay Fanm (2013).

Many of the relief efforts since the earthquake have also not exhibited any further sensitivity to the environment of sexual violence that they were perpetuating. For example, because women have no land rights under Haitian law, if they lost their domestic spouse or male family members in the earthquake, they were immediately rendered destitute and not able to make any land-based compensation claims. Even the highly touted "Cash for Work" and "Food for Work" programs established in the early weeks after the earthquake provided employment to around 200,000 people, but only 35 % of those were female because of preexisting rigid gender laws, roles, and inequalities (Stedman 2011, p. 2).

Currently, the most effective organizations working to stop sexual violence in the IDP camps are local Haitian women's groups. Haitian women have engaged the National Coalition against Gender-based Violence to aid their efforts. Led by the Ministry of Women's Status and Rights of Women, the coalition has partnered with ministries, NGOs, and international agencies to promote coordination between government, grassroots organizations, and the international community. According to the United States Institute for Peace, one such partnership is between the Lawyer's Earthquake Response Network (LERN), KOFAVIV, the Institute for Justice and Democracy in Haiti (IJDH), and the Bureau des Avocats Internationaux (BAI). In response to the information gathered in the LERN survey, IJDH and BAI joined with other grassroots groups in Haiti and international partners to launch the Haiti Rape Accountability and Prevention Project to provide legal services to victims of sexual violence.

Additionally, because of the security weaknesses described above that leave women vulnerable to the full range of sexual violence, international organizations have recently begun to respond to these vulnerabilities in some innovative ways. The International Organization for Immigration has distributed 30,000 solar flashlights and coordinated with the US Agency for International Development to set up diesel generators to support pole lights and place solar-powered lights in some of the camps with high incidences of sexual violence (Stedman 2011, p. 2). KOFAVIV

has established volunteer security patrols and has begun escorting women at night to the showers. In Champ de Mars, KOFAVIV organized a security system with members inside the camp and noted a decrease in rape. Thousands of whistles have been distributed by KOFAVIV, which has trained women to respond to whistles when they were blown three times. Reports indicate that, in those camps trained in the whistle alert system, perpetrators were frightened away and therefore the incidence of sexual violence decreased (KOFAVIV 2011, p. 1).

Unfortunately, as laudable and temporarily effective as these stopgap initiatives appear, they are one-off solutions that do not address the systemic underlying causes of gender vulnerability that persisted in Haiti prior to the earthquake, and will continue, if history serves as a barometer, after the IDP camps are eventually torn down. Moreover, they represent the weaknesses of male-dominated management-based disaster recovery schemes that have contributed to the lack of sensitivity to gender vulnerabilities during disasters.

4.5 Conclusion

Tierney talks about the "critical disjunctures" in disaster research. A term she uses to describe "[d]iscontinuities in research, the systemic neglect of some research topics and a preference for others, and an apparent collective resistance to the introduction of new ideas" (2012, p. 245). While problematic in any academic discipline, critical disjunctures seem to be more prevalent for disaster researchers who overwhelmingly, at least in the USA, study disasters through lenses of privileged structures and institutions that lead to either gender-blind research or essentialist arguments that perpetuate women as "victim" or "other" without agency. The continued neglect of gender coupled with the lack of attention to the lived experiences of disaster survivors offers fertile ground for interdisciplinary studies between theorists of feminism and masculinity and disaster researchers. Additionally, disaster researchers have a responsibility to ensure that the study of gender in disasters focuses on the experiences of not only women but also men.

When disaster strikes communities, it shears away civilized facades that both privilege and mask preexisting conditions of oppression and vulnerabilities produced by social class, race, ethnicity, gender, religion, or other forms of inequality. In doing so, disasters foreground existing conditions of inequity, and these tides of inequity do not raise all boats equally to safety. Disaster research has repeatedly shown that the real disaster occurs after the event itself, when the preexisting structures of oppression and vulnerability are exacerbated by the lack of civil, political, social, and physical infrastructures.

This is not a new phenomenon. We know the consequences for the most vulnerable communities in disasters, and yet we continue to allow disasters to produce ignorance rather than knowledge by organizing disaster research around questions that are meaningful only to the institutions that are chartered to manage disaster preparation and recovery efforts. This approach only builds up knowledge one

disaster at a time, if that, and misses the common denominators of vulnerability that a broader sociological lens reveals and that would be useful in developing disaster mitigation plans in advance. The National Research Council confirmed this sentiment in its assessment of disaster research when they said, "[d]isaster research is incomplete without the simultaneous study of the societal hazards and risks associated with disasters" (2006, p. 2). Recently, several scholars have begun addressing that intersection and exploring questions of why disasters produce ignorance. These scholars also argue that allowing for surprises and including previously produced ignorance in disaster-planning efforts can improve the resiliency of communities and, in doing so, mitigate the disaster's impacts on the community's most vulnerable populations (Gross 2010; Frickel and Bess 2011).

As Enrico Quarantelli (2005) argues, scholars could do better disaster research by being better sociologists. Integrating traditional disaster research with core sociological issues of justice, diversity, inequality, and social change from the rich literature of gender theory would allow the field to grow and develop new theoretical frameworks that are both socially multidimensioned and institutionally multidimensioned. These frameworks would not privilege one lens at the expense of another, and instead reflect the entire disaster stakeholder community and their multidimensional experienced realities. Integrating a gender-hazard framework in disaster planning and resiliency efforts is one way to ensure disasters produce knowledge instead of ignorance.

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Chapter 5
Understanding the Risk of Domestic Violence During and Post Natural Disasters: Literature Review

M. Sety, K. James and J. Breckenridge

5.1 Introduction

As the chapters in this book have highlighted, it is now well established that gender inequalities both marginalize women from disaster preparedness, response and recovery processes and increase women's vulnerability, specifically to violence and adverse health effects (World Health Organization 2012). In particular, gender-based violence has gained increasing attention as a significant risk following natural and technological disasters (Enarson 1999).

Professional and academic awareness of the scope of this issue and our understanding of skilled and helpful responses to this phenomenon remains limited. Until recently, research has tended to focus almost exclusively on sexual violence or has concentrated primarily on the experiences of developing countries. There is, however, an emerging literature suggesting that the scale and impact of women's experiences of domestic violence (DV) in industrialized countries is equally as concerning (Parkinson and Zara 2012).

This chapter aims to present in depth the national and international research into women's experience of DV in disasters, drawing on qualitative and quantitative studies from Australia, Canada, New Zealand, and the USA. It aims to contextualize the research projects that we report on in Chaps. 6 and 7. These chapters address respectively, victims of DV during and after disasters (Chap. 6) and the impact of the disasters on agencies and their staff (Chap. 7).

In Australia, the term domestic violence (DV) is used more frequently than intimate partner violence (IPV). In this chapter, they will be used interchangeably unless there is reason to distinguish between them.

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5.2 Increased DV During and Post Natural Disasters

Gender-based violence (GBV) is a significant risk for women and children during and after disasters. However, awareness of this fact among researchers, governments, and services was significantly enhanced after the 2004 Indian Ocean tsunami, 2005 Hurricane Katrina in the USA, and 2010 Haiti earthquake. Media brought worldwide attention to reports of human trafficking and sexual assault perpetrated by strangers. However, a recent systematic review of population-based studies of GBV in complex emergencies found that intimate partner violence (IPV) occurred at much higher rates than sexual violence perpetrated by individuals outside the home (Stark and Ager 2011). There is often an assumption that the risk of GBV after a disaster is far greater in developing countries. Yet, Enarson states that increased violence against women after disasters "…is far from a function of poverty or underdevelopment" (2010, p. 73).

The literature considered in this chapter intends to highlight the extent and effects of increased DV after disasters in industrialized countries alongside the pressing need to develop effective practice and systemic and policy responses. The first documented increases in IPV post disaster found alarmingly high rates of reported DV that persisted more than a year after the event in the USA. Adams and Adams (1984) reported a 45.6% increase in police reported cases of DV the year following the Mount St. Helen's volcano eruption and Morrow (1997) found that DV injunctions nearly doubled in the 2 years following Hurricane Andrew. Recent studies in the USA, Australia, and New Zealand confirm a similar pattern (Anastario et al. 2009a; Houghton 2009a, b, Houghton et al. 2010; Parkinson and Zara 2012; Schumacher et al. 2010). Despite the evidence, DV in the context of disasters has often received inadequate awareness, planning, and funding, particularly in industrialized countries. This chapter examines the evidence of increasing DV and the related dynamics post disasters to highlight research gaps and provides the literature relevant to Chaps. 6 and 7.

5.3 Trends in DV After a Natural Disaster

Much of the research has focused on assessing increases in DV after disasters with a wide range of results. Four studies attempted to measure population level trends through interviews or surveys of individual victims. An additional nine publications reported or explicitly measured statistics from organizational data and worker reports such as police and crisis lines. Measuring GBV and DV becomes more complex in the context of disasters due to inherent challenges (Anastario et al. 2009b; Enarson 2012; Parkinson et al. 2011; Rosborough et al. 2009; Stark and Ager 2011). Significant population displacement often takes place during or after a natural disaster, making it difficult to find and interview people affected by the disaster, including long-term follow-up. Displaced populations are also likely to seek services

outside affected areas and may not be officially counted. For example, Hurricane Katrina in the USA was the most studied disaster among the reviewed publications. However, the studies that focused on this disaster only considered women or organizations in public relief housing or remaining in disaster affected areas, despite the fact that 3 years after, as many as 150,000–200,000 of the 1.2 million evacuated people had not returned to New Orleans (Brown 2011; Jenkins and Phillips 2008). Despite these challenges, research such as this remains essential to documenting the scope of the problem.

5.4 Organizational Data and Worker Perceptions: Measuring Service Demand

Studies that have used secondary data sources and worker perceptions from police, DV service providers, and allied providers reported more consistent findings of increased service demand. This type of data is often collected prior to the disaster as part of normal procedures and allows for comparisons to data collected after the disaster. As a result, these studies can offer more established measures of change over long periods of time. The authors of the first study to document an increase in DV argued that "community-documented behaviors" (e.g., police records, hospitalizations, calls to crisis lines) are a stronger measure of disaster impacts than subjective self-reports which rely on recall (Adams and Adams 1984).

Of the six studies which reported police statistics before and after disasters in the USA and New Zealand, all reported increases ranging from 14 to 65 % in arrests, calls, cases, or protection orders (Adams and Adams 1984; Buttell and Carney 2009; Enarson 1999; Fothergill 1999; Houghton 2009b; Morrow 1997). Three of these studies found that the increase was sustained for at least 1–2 years after the disaster (Adams and Adams 1984; Buttell and Carney 2009; Morrow 1997). However, though Buttell and Carney (2009) found that arrests for DV per capita increased by 14 % after Hurricane Katrina, they also found during the same time that calls to the police for DV decreased by 33 % per capita. This decrease may be accounted for by the significant loss of police services as a result of the hurricane.

DV agencies and allied agencies have experienced similar substantial increases in the immediate aftermath and recovery periods. Women's shelters in five different New Zealand communities reported increases in the number of new clients the month after the event ranging from 43 to 333 % (Houghton 2009a, Houghton et al. 2010). In one community, Houghton (2009b) found a tripling of workload for the DV government welfare worker, a doubling of calls to the government agency that provided victim support, and a doubling in requests to participate in a women's education program at a non-government agency. DV programs in the USA have reported increases of 15–21 % in crisis calls and 59 % in counseling of ongoing clients (Enarson 1999). Anecdotal reports of increases in DV have been reported in the USA following the 1989 earthquake (Commission for the Prevention of Violence

Against Women 1989) and in Australia following the 2009 bushfires (Parkinson and Zara 2012).

While agency statistics can be more reliable indicators of changes in DV trends, such data can also be difficult to obtain. In some cases, police have refused to release statistics (Houghton et al. 2010) or to allow staff to participate in interviews (Parkinson and Zara 2012). Allied services such as social service agencies, disaster relief organizations, or government emergency response agencies may have no formal way of tracking cases of individuals seeking assistance for IPV (Houghton 2009a; Houghton et al. 2010) or may miscode cases (Parkinson et al. 2011). The disaster may also disrupt victims' access to services, which may appear as a decline in service demand. For example, one shelter in Houghton et al.'s (2010) study saw a significant decline in clients in the weeks after a snowstorm, but once communication lines were functioning, the following month the number of clients nearly doubled.

Studies of DV service providers and organizational statistics have consistently over 30 years demonstrated significant increases in service demands for DV. These studies indicate the size of the problem and the scope affecting both DV and allied agencies for sustained periods after a disaster.

5.5 Victim Self-Report: Measuring Incidence and Prevalence

Four studies from the USA have attempted to assess prevalence and incidence trends of male or female self-reported victimization or perpetration of IPV after a disaster through surveys or interviews (Anastario et al. 2009; Clemens et al. 1999; Frasier et al. 2004; Schumacher et al. 2010). Of these studies, Anastario et al. (2009) reported increases of 5.1 % in recent IPV and 21.9 % in lifetime IPV victimization among women and Schumacher et al. (2010) reported increases of 98 % in recent physical violence and 35 % in recent psychological violence victimization among women. Schumacher et al. (2010) also found that men reported an increase of 17 % in psychological victimization, but no change in physical victimization. Clemens et al. (1999) reported a statistically significant increase in perpetration of IPV with men reporting higher rates of perpetration, but did not report the amount of the increase. In contrast, the study conducted by Frasier et al. (2004) was the one study to report decreases of 33 % for both recent physical and verbal IPV victimization among women. A variety of factors may influence the range of findings, including the use of cross-sectional studies, relying on victim recall after extremely stressful, life-altering events, statistical and conceptual validity of the measurement tools, and significant variations in the sample population. These studies relied on cross-sectional surveys and participant recall as the unpredictable nature of natural disasters prevents collection of pre-disaster baseline measures.

How DV is defined, and indeed even the preferred choice of terminology, has also affected the outcomes, interpretations, and comparability of these studies.

These studies adapted measures to suit the individual research, which in some cases was part of a larger study. They drew on diverse measures of DV, including the Conflict Tactic Scale, Abuse Assessment Screen, and an adapted definition of GBV from the United Nations International Research and Training Institute for the Advancement of Women. In most cases, DV was measured with only one to three questions, which is not adequate to capture the range or pattern of abusive and controlling behaviors. The studies also varied as to whether they attempted to measure physical, emotional, psychological, or sexual violence separately, not at all, or as one collective measure of DV.

There were also significant variations in the study samples. One study only assessed displaced populations living in temporary housing (Anastario et al. 2009a). Clemens et al. (1999), Frasier et al. (2004), and Schumacher et al. (2010) attempted to capture participants still residing in the area. However, Frasier et al. only interviewed employed "rural blue collar women." Regardless of the population sample, Rosborough et al. (2009) point out the individual's experience of recalling and reporting traumatizing and stigmatizing events can lead to low response rates and underreporting.

While the results from these studies are difficult to compare, the authors have taken on the challenge of ascertaining population level changes in DV experiences in the context of disasters. This work lays a foundation for improved research and highlights the need to develop robust methodologies to measure DV that are designed for disaster settings.

5.6 Causes and Context of DV Post Disaster

Few studies have grappled with the question of whether the dynamics of DV in the context of natural disasters are uniquely different. Eight studies used a variety of methods to explore this issue with most relying on quantitative surveys of women and interviews with workers. These studies explored explanations for the increase in DV after disasters in the USA, New Zealand, and Australia. Theories and findings vary and the supporting evidence is limited.

5.6.1 Causes of the Increase in DV Post Disaster: Stress Versus Escalating Severity

Increased stress is commonly cited as an explanation for increased DV after disasters. Three studies have used a range of theoretical models to test the hypothesis that experiencing a severe disaster results in trauma and stress, which leads to DV. Clemens et al. (1999) found no significant relationship between self-reported perpetration of physical IPV and anxiety, depression, hostility, or severity of disaster impacts among both men and women. The two other studies asked only women

about their experiences of perpetration and victimization of some types of behaviors included in the Conflict Tactic Scale. Harville et al. (2011) found post-traumatic stress disorder (PTSD), depression, and stress among postpartum women did not explain the significant relationship between the severity of disaster impacts and victimization. In the final model, the link between PTSD and IPV perpetration was explained by experiences of victimization and poor relationship adjustment (Taft et al. 2009). These cross-sectional studies indicated a variety of statistically significant interrelationships between experiences of DV, mental health, and PTSD which require further exploration, but there was no evidence to support a link between the experience of stress or trauma and perpetration of violence after a disaster.

There is also an ideological danger in misusing this theory to condone violent behavior, a risk first identified by the Australian Commission for the Prevention of Violence Against Women (1989). Recent Australian research has documented how family, community members, and service providers used the crisis and trauma of the Black Saturday bushfires to justify and excuse men's violent behavior, ultimately denying or minimizing women's disclosures of violence (Parkinson and Zara 2012). The researchers concluded that this response, in part, reflected a desire to be protective and sensitive towards the violent men because they were considered to have also suffered during the bushfire. Fothergill (1999, p. 83) refers to experts who argue "…that crisis conditions do not cause the abuse nor do they cause men to lose control." In fact, research has found that individuals who were violent prior to the disaster or held views approving of violence and domination in intimate relationships have been found to be significantly more likely to perpetrate violence after the disaster (Clemens et al. 1999).

Houghton (2009b) and Enarson (2012) suggest that it is the abuser's sense of not having control over other aspects of their life (housing, employment, food, communication, etc.) that motivates them to seek more intense control over their family post disaster. Subsequently, this may lead to more severe or additional types of abuse where abusive and controlling attitudes or behaviors were present prior to the disaster (Houghton 2009a). Interviewed women have described experiences of escalating violence (Parkinson and Zara 2012; Picardo et al. 2010). One of Fothergill's (1999) case studies provides an illustrative example. One woman reported that her partner had been controlling and emotionally and financially abusive before the disaster and after, his behavior escalated to physical violence, which prompted the woman to leave. Workers have also identified this escalation, reporting that the violence after Hurricane Katrina intensified more rapidly and resulted in more serious injuries (Jenkins and Phillips 2008).

The emerging research evidence challenges the hypothesis that traumatic stress from the disaster causes violence. In this broader context, increased DV victimization and service demand can be understood as the escalation of violent attitudes and behaviors to more severe and injurious forms of physical violence.

5.6.2 *Understanding the Increase: First-Time Victims Versus First-Time Help Seekers*

In trying to understand the increase in service demand, it is important to consider what is being measured. At least three possible explanations for the increases can be hypothesized: (1) first-time experiences of DV, (2) first-time help seeking for previous or ongoing DV, or (3) all existing clients seeking help at the same time. Some researchers have attempted to explain the increases in both victim reports and service demand by extrapolating from the data with varying conclusions. Anastario et al. (2009a) concluded that a substantial amount of the increased prevalence was accounted for by first-time experiences of IPV because lifetime IPV increased by 21.9 % after the hurricane. Other studies have found that experiencing DV after a disaster is significantly related to experiencing DV prior to the disaster (Frasier et al. 2004; Schumacher et al. 2010). These findings suggest that a significant proportion of post disaster DV does not result from first-time experiences. Based on shelter statistics following a snowstorm, Houghton et al. (2010) found that 57.2 % of the women seeking services had not been to a shelter before, yet 65.9 % reported the duration of abuse they had been experiencing was between 2 and 10 years.

Only two studies have actually asked women directly about their experiences. In Australia, Parkinson and Zara (2012) found that of the 16 women in their study who reported partner violence after bushfires, 9 experienced this violence for the first time and 6 reported the violence had escalated. In the USA, Picardo et al. (2010) found that one third of the 66 interviewed women reported the violence had escalated, one third reported the violence had decreased or not changed, and one third reported the violence was new (regardless of whether the partner was new).

A few studies have considered the reason why many women sought help for the first time after a disaster despite previous, and in some cases extensive, experiences of ongoing DV. Some found that prior to the disaster women had tolerated a degree of abuse but were motivated to seek help for the first time because of the escalation of violence compounded by external stressors (Houghton et al. 2010; Jenkins and Phillips 2008). In one study, a service provider noted that the women seeking assistance after the disaster were different and were more likely to have been employed and have housing prior to the disaster (Jenkins and Phillips 2008). It is possible that women with additional resources prior to the disaster relied on informal ways of managing and coping but, due to significant disruptions to financial, housing, and social supports, are more likely to access DV services as the only source of support available after the disaster.

Experiences of DV and help seeking after a disaster are incredibly complex. The diversity of the results and the challenges in adequately measuring and understanding trends indicates the importance of taking a comprehensive perspective. Caution must be used in interpreting data to describe the complex dynamics of gendered violence and only a few studies have utilized case studies and women's voices to contextualize the research.

5.6.3 Victims Increased Vulnerability to the Effects of Disaster and Potential for Recovery

All individuals are at risk for the physical, social, mental, and infrastructural impacts of a disaster. Women's heightened vulnerability to these impacts and DV compounds the consequences in the aftermath of a disaster. Frasier et al. (2004) found that women who had ever been victims of physical DV before the flood were 25 % more likely to report being impacted by the flood than women who had never been abused. The abuser's social isolation and control of a woman may prevent her from accessing emergency information, taking preparatory action, or seeking assistance after the disaster (Enarson 1999; Houghton et al. 2010). As a result, these women are not only more vulnerable to the impacts of the disaster but also more likely to be unknown to welfare and emergency services in the recovery period (Enarson 1999; Houghton et al. 2010).

Victims of DV suffer unique and compound impacts in disasters. These include loss of safe housing, loss of financial security, increased parenting responsibilities, loss of social support, loss of normal routines and stability, and increased trauma and mental health symptoms (Fothergill 1999; Frasier et al. 2004; Houghton 2009b; Houghton et al. 2010; Jenkins and Phillips 2008; Parkinson and Zara 2012; Schumacher et al. 2010; Taft et al. 2009).

In the aftermath of a disaster, there is often a significant long-term housing shortage for the entire population and living conditions can be overcrowded (Jenkins and Phillips 2008; Parkinson and Zara 2012). For victims of DV, safety and security are essential and can be de-prioritized or difficult to achieve after a disaster. Interrupted and failed communication services can prevent victims from accessing emergency police assistance if an abuser finds them (Enarson 1999; Houghton 2009a; Houghton et al. 2010). Temporary relief housing is limited and publicized, making the location known to an abuser, just as family or friends' homes may also be known to an abuser (Fothergill 1999).

The housing shortage also directly affects the availability of social support. Being displaced or relocated may mean that victims move away from neighbors, family, and friends. In the opposite scenario, friends and family may be relocated, leaving the victim behind and further isolated. This isolation can be furthered by failures and collapses in communication systems (Enarson 1999; Houghton et al. 2010). Jenkins and Phillips (2008) found that the loss of support and experience of isolation, like many impacts from disaster, can persist, particularly when people return to their homes to find no other residents in their neighborhood and to discover that family and friends died in the disaster. Social networks are also weakened as managing the effects of the disaster will reduce the capacity of family and friends to support victims (Enarson 1999).

Several of the studies discussed the link between financial resources and heightened vulnerability to violence. Both victims and perpetrators may experience an immediate loss of income from being unable to get to work (Houghton et al. 2010) or unemployment when workplaces are destroyed or closed due to economic pressures

(Houghton 2009b). Other sources of financial assistance, such as relief funds, may be difficult to access when living in a shelter (Enarson 1999) or access may be linked to the abusive partner. In one study, women reported returning to abusive partners simply to access government relief funds or, alternatively, that abusive partners tracked them down to claim they were part of a household in order to obtain relief funds (Jenkins and Phillips 2008).

Women, who are more likely to be primary caregivers, experience increased risks and impacts as a result of parenting responsibilities. Mothers may lose employment as a result of staying home to care for children when child care centers and schools close (Houghton 2009b; Houghton et al. 2010; Parkinson and Zara 2012). In fact, every victim focus group conducted by Jenkins and Phillips (2008) indicated that the most needed resource was child care, a significant issue that Parkinson and Zara (2012) and Houghton et al. (2010) also identified as increasing women's vulnerability when absent. Women also talked about issues with custody arrangements when children were in the custody of their abusive father during the disaster, such as not knowing where their children were during and after the evacuation (Jenkins and Phillips 2008). Advocates reported that, in some cases, parents who originally had primary custody, mostly mothers, were still working 2 years after the disaster to regain custody of their children. In some cases, abusive fathers relocated to other states and subsequently filed for changes to custody in different state courts, requiring women to defend established custody orders (Lockie 2007).

While most of the research has focused on the practical impacts on victims from disasters, Schumacher et al. (2010) found that victims of IPV who had survived Hurricane Katrina were more likely to report hurricane-related PTSD than their counterparts who had survived the hurricane, but not experienced IPV. All of these factors put women at an increased risk and in some cases provide no other alternative than to remain with or return to an abusive partner as evidenced by one women's shelter that reported approximately 85% of their clients returned to an abusive partner after severe flooding (Houghton 2009b). Women who are at risk of or already experiencing DV will have an increased need for resources and support at a time when other disaster victims will be competing for scarce resources, only worsening the vulnerability of DV victims.

5.6.4 Resilience and New Opportunities

Despite the often reported negative consequences of disasters, a few studies have indicated that some women find resilience and a new opportunity to change their circumstances and gain safety in the aftermath of a disaster. For example, Fothergill's (1999) case study demonstrates that despite the challenges faced by "Liz" including years of severe abuse, she was able to find temporary housing, arrange to have her home rebuilt, and access counseling from the local DV service. "Liz" felt that as a result of coping successfully with the challenges brought by the disaster and with support from her family and the local DV worker, she had developed the

confidence, strength, and supports to end the relationship and still remain in her home. Indeed, Fothergill (1999, p. 93) noted that many "…participants expressed positive consequences of the disaster, such as new skills acquired, and personal strength and confidence discovered." In addition to gaining a new-found confidence and refusal to tolerate further violence, the services and systems post disaster also offered practical opportunities for change. For example, some women may have used relief funds or their evacuation to a location different than their abusive partner as an opportunity to establish a new life (Enarson 1999; Jenkins and Phillips 2008).

5.7 Impacts of Disasters on Services

One of the most visible and documented effects of large-scale disasters on organizations is damage to and destruction of buildings and basic infrastructure (Brown 2011; Brown et al. 2010; Enarson 1999; Fothergill 1999; Houghton 2009a; Jenkins and Phillips 2008). Such consequences have immediate effects but may also create longer-term problems, for example, physical work space can be unusable for some time and damage can be so severe that agencies may be closed permanently or require rebuilding (Enarson 1999; Jenkins and Phillips 2008). Disrupted power supply and communication lines, destruction of buildings and client files, and unsafe or closed community areas affect the ability of clients and service providers to "find each other," communicate, and access or offer services. In recent research, DV workers reported isolation and confusion when working with other social service agencies post disaster, which resulted from disrupted communication services, poor communication, and contradictory messages (Houghton 2009b; Houghton et al. 2010).

The effects of the disaster on individual staff members and groups compound the confusion of service provision post disaster. Staff may be unable to get to work, or may be relocated for their own safety (Enarson 1999; Houghton et al. 2010). DV services can be further compromised post disaster as many organizations rely on volunteers who may need to prioritize their own safety or participate instead in general disaster relief activities (Houghton et al. 2010). In some instances, organizational funding is dramatically affected by increased interagency competition for the existing scarce resources (Brown et al. 2010). Even when additional funding is available, in the immediate aftermath it may still be inadequate as well as months later when there is often a second spike in DV service demand (Houghton 2009b). Allied agencies across the justice, police, criminal, health, and social service sector similarly experience these same infrastructure and staffing challenges with far-reaching effects on victims of DV and DV service providers.

5.7.1 Organization Response, Recovery, and Emergency Preparedness

Current research on organizational impacts indicates that strong interagency relationships are essential to service continuity and long-term recovery after a disaster (Houghton 2009b). Several studies explore how agencies manage to respond to increased demand with reduced capacity, including initiating new referral pathways, supporting new client populations, and developing new services (Houghton 2009b; Enarson 1999). Nearby agencies unaffected by disasters may restructure or extend their services to support or "adopt" agencies damaged by the disaster (Brown 2011; Jenkins and Phillips 2008).

While emerging evidence suggests that service provision post disaster can be innovative and in reality "do more with less," emergency preparedness is less positively reported in the literature. In general, studies demonstrate that DV programs report low levels of awareness and planning among staff (Enarson 1999; Brown 2011; Houghton 2009b; and Houghton et al. 2010). Factors identified as influencing preparedness and planning include prior knowledge or experience of responding to a disaster, government mandates, local leadership, personal relationships, and a community culture of preparedness (Enarson 1999). Even when organizations are familiar with disasters typical of their particular region, their agency-specific planning and/or engagement in disaster planning may not occur (Houghton et al. 2010). It appears that in general, DV services struggle to prioritize disaster planning when facing the daily urgent needs of women and children. This is in spite of research indicating that staff often express a strong interest in disaster response training, receiving technical advice, developing plans, preparing facilities, and participating in general community disaster planning (Enarson 1999; Houghton et al. 2010). Arguably, if organizations and workers were aware that DV increases during disasters, they could develop more nuanced responses to women at risk as a component of their disaster preparedness.

5.8 Research Gaps

Despite the growing body of literature addressing DV after disasters, many unanswered questions remain. There are still significant gaps in data collection and measurement limiting our ability to document the severity of the problem. As the studies of prevalence and incidence have encountered significant methodological issues and reported a range of findings, future research in this area should draw on international standards for monitoring GBV, such as the work of the United Nations Expert Group Meeting on indicators to measure violence against women (2007). Additionally, interpreting data collected as part of studies not designed to specifically measure GBV should be attempted with caution. There is a clear need for research to document the chronic and persistent nature of violence against

women post disaster through a longitudinal study. Studies have often indicated that increased service demands persist up to 2 years after the event. However, no studies in this review examined prevalence or impacts of DV post disaster beyond 2 years. Measurement efforts would be enhanced by integrating methods for monitoring service demand for DV into existing organization procedures, particularly among disaster response and recovery agencies.

Future research must also delve further into the complex and diverse experiences of women. In general, few studies have conducted in-depth interviews with women to explore their views about the violence and their needs. Only two studies have actually asked women if they perceive the violence is new, escalating, or unchanged. A few studies have hinted at the unique experiences and needs of women who may be at increased risk including women who are indigenous, culturally and linguistically diverse, lesbian or bisexual, or have disabilities. To date, there is a dearth of research exploring the factors that influence coping, resiliency, and recovery of DV victims in the wake of a disaster.

Likewise, research has not adequately explored the resources and assets that enable DV organizations to survive and recover after a disaster. In general, researchers and practitioners across all disciplines have not evaluated the strategies and practices which they have trialed and/or effectively utilized to address DV in disasters in industrialized countries. While many of the recommendations in the reviewed studies focus on disaster preparedness and management of services and workers, almost no research has explored individual attitudes, knowledge, and behaviors among other services related to violence against women. The following chapters are an attempt to address this gap and provide tentative recommendations for future work in this area.

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Chapter 6
Responding to Domestic Violence in the Wake of Disasters: Exploring the Workers' Perceptions of the Effects of Cyclone Yasi on Women

K. James, J. Breckenridge, R. Braaf and I. Barrett Meyering

6.1 Introduction

Recent international studies suggest that women are more vulnerable to domestic violence (DV)[1] during and post natural and technological disasters. However, in Australia, a country that is regularly affected by extreme weather events, almost no research has been undertaken into how DV manifests in the context of such events. The first significant Australian study to explore this issue in depth focused on the widespread bushfires occurring in the Australian state of Victoria in 2009 in which more than 100 people died, native fauna and flora were destroyed over a wide area, and two rural towns were utterly devastated. Of importance, 29 women reported increased vulnerability to, and experience of, DV as a direct consequence of the bushfire disaster (Parkinson and Zara 2012). This particular study lends weight to the suggestion from international literature that women's vulnerability to DV in the context of disaster should be the focus of further research effort.

6.1.1 Cyclone Yasi

A particular natural disaster prompted this research project, namely Cyclone Yasi (see Rowlands 2013; Queensland Government 2011 for documentation of this event). In February 2011, Cyclone Yasi, a category 5 weather system (cyclone), hit the Northern Queensland coastline, causing widespread flooding and extensive and costly damage to structures in Townsville and other small coastal townships. The impacts of the cyclone necessitated the relocation of 30,000 people and

[1] In Australia, 'domestic violence' is the preferred term. However, in the USA, 'intimate partner violence' or IPV is preferred. In this chapter, the more colloquial 'DV' is used.

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patients from two hospitals to neighbouring cities, resulted in one fatality, the loss of power and water to many areas and necessitated an extensive recovery operation (Rowlands 2013). While it seemed that preparation for the disaster and the management throughout were mostly effective, the impact of the cyclone required the Australian Defence Force and police and emergency services crews to work alongside communities to assist with the cleanup, and plan recovery and rebuilding (Queensland Government 2011). Thirteen months later, Townsville was again affected—this time by a small tornado, which carved a path of destruction through the town's suburbs.

6.1.2 The Research Projects

Chapters 6 and 7 draw on separate, original research projects concurrently undertaken in 2011–2012 by a research team[2] from the Centre for Gender Related Violence Studies (CGRVS) at the University of New South Wales (UNSW), Sydney, Australia. One project was a case study focused on Cyclone Yasi and the tornado in Townsville. Interviews were conducted with 12 workers soon after the tornado, aiming to understand the effect of these events on clients, workers and services. Participants were from a multicultural agency, first responders (police and a large emergency organisation), a family support and counselling agency, women's services, an Aboriginal service and a range of DV-specific services[3]. Data were thematically analysed to identify core themes and to conceptualise workers' experiences in relation to existing literature.

The other project entailed a national on-line survey, which explored practitioners'/workers' experiences of disasters and perceptions of their organisations' preparedness and response to a range of disasters. It investigated workers' perceptions of the impact of disasters on the capacity of services to respond to women experiencing DV. It was an on-line, mixed-method national survey exploring 67 workers' perceptions of their organisations' preparedness and response to a range of disasters. The survey included both quantitative forced choice responses and qualitative written responses. Descriptive statistics were used to identify basic features of the data, and qualitative, thematic analysis was used to identify key themes and patterns of the qualitative responses. In the survey, all respondents self-identified as having provided services to women reporting DV in the context of a disaster. Participants answered questions about DV in relation to any natural or technological event, or significant crisis involving loss of life or potential loss of life that they had experienced. Respondents had experienced a range of disasters with the majority identifying bushfires (26 respondents) and floods (26 respondents). Smaller numbers experienced other natural, technological disasters and community violence events.

[2] The UNSW research team was led by Kerrie James and included Isobelle Barrett Meyering, Rochelle Braaf, Jan Breckenridge and Megan Sety.

[3] In accordance with our ethics requirements, we do not identify the names of agencies in these chapters.

It is of interest that while an invitation to participate in the survey was extended to nearly 2,000 workers on a mailing list, very few chose to respond. This chapter includes only the qualitative responses from the survey that pertained to workers' accounts of their clients' experiences.

Chapter 5 presents the literature relevant to the studies discussed in the next two chapters. The focus of this chapter, Chap. 6, is on workers' accounts of their *clients'* experiences of DV occurring at the time of the disasters. Chapter 7 reports on the effects of disasters on workers themselves and the various organisations that provided services.

6.1.3 Ethical Considerations

Our research aimed to better understand client experience of DV; however, we deliberately chose to do so through an in-depth analysis of workers' perceptions rather than those of the women themselves. Although it is an important principle to seek and report women's experiences, there may be reasons in certain circumstances not to do so. Our rationale was as follows:

- In small exploratory studies, it is often more feasible to interview professionals and those 'one step removed' to gain a preliminary understanding of a research area.
- Maintaining client safety and confidentiality are complex issues in DV research, and directly accessing victim experience may be difficult or inappropriate as a result.
- Workers may offer important insights from a different perspective. Similar to ethnographic researchers, in these studies, workers were in a good position to reflect on their clients' experiences of a disaster and its various effects on relationships, environments and physical safety. The workers in both studies had *directly* witnessed their clients' struggles in coping with DV and were able to not only recount women's experiences but also reflect on a variety of issues pertaining to the adverse effects of disasters on client groups and their own ability to provide services before, during and after the disaster.

By seeking the views of a range of practitioners from different services in relation to yasi and then by surveying a broader range of disaster contexts, we have been able to develop both an in-depth and comprehensive picture of women's experiences in coping with DV in natural and technological disasters. This picture demonstrates remarkable consistency with Parkinson and Zara's (2012) Australian study of victims' accounts of their experiences of DV in relation to the bushfire disaster alongside other international studies, which will be presented in the subsequent discussion.

This chapter will now discuss women's experiences reported in the case study of Cyclone Yasi and the national survey of practitioners.

6.2 Women's Experience of DV over the Course of a Natural Disaster: Preparation, Impact and Recovery

In the national survey, 38 % of workers reported that the number of client requests for assistance for DV-related concerns did not change prior to or during the actual disaster. Workers in the Townsville region also reported that, immediately *prior* to Cyclone Yasi, when warnings were being issued and people were busy protecting properties and finding safe accommodation, women who sought assistance, including existing clients of DV services, were less likely to request help for DV-related concerns. However, *during* and *after* the cyclone and the other disasters as reported in the national survey, reports of DV and requests for assistance from both new and existing clients increased for up to a year after the disaster. Given the usual tendency for underreporting, it is reasonable to hypothesize that this may indicate an actual increase in the occurrence of DV throughout the period of a disaster and beyond.

> What has been evident is that the DV can surface quite some time after the disaster. (Two years later…) We are still dealing with DV that could be associated with the Bushfires. (Survey Respondent 7, Q19)

6.2.1 Before and During the Disaster

Unlike other natural disasters (such as earthquakes), extreme weather events like cyclones and bushfires are often predicted in advance, enabling affected populations to make necessary preparations. With Cyclone Yasi, the government and emergency services issued warnings and advice over the period of a week prior to the cyclone. Both workers and clients reported experiencing high levels of stress during this period, and DV reports decreased.

In relation to the Cyclone Yasi study, workers attributed the reasons for the initial decrease in reporting to a number of factors. DV victims were perceived to adopt a 'put up and shut up' position, as they needed to focus on safety preparations. As they were often reliant on violent partners for protection from the cyclone, they were less willing to leave because in reality there was no safer place to go, so reporting their partner's violence at this time was futile. Therefore the decreased reporting prior to the cyclone does not necessarily indicate that men were not being violent, as many women reported afterwards that their partners had been abusive and/or violent. Rather, women were focused on protecting themselves, their children and finding safe accommodation. They tended to use strategies to minimize the perpetration and effects of their partners' violence during this period. The following section discusses changes in women's help seeking prior to the cyclone and the possible reasons for fewer women reporting DV at this time.

Women Request Help for General Survival but not DV The workers reported that prior to the cyclone women were more concerned about surviving the cyclone's

physical impact than about any DV they were experiencing. As the cyclone was anticipated in advance, women's focus was on ensuring adequate supplies and access to secure housing. This partly explained the reported decrease in requests for help for DV and an increase in requests for secure shelter, food and financial assistance.

> I mean for a lot of them that's the norm them experiencing the domestic violence, the abnormal thing was the cyclone. (SW1)
> … people needed food, they needed shelter, they needed their health care needs met. (SW2)
> … women and victims of violence were still coming to see us but their help seeking had changed. (SW3)

Women Sought Protection from Violent Partners and did not Want to Report them It emerged that prior to the cyclone, women whose partners were violent had to decide whether or not to ask their ex-partner for assistance, sometimes having to choose between the danger of the cyclone and the danger of an abusive partner.

> Probably some of the mums would have risked themselves staying in the house they had, but because the children were involved it was: okay, let's go to dad's place. (SW1)
> Women *placated* their male partners by not 'upsetting the applecart':
> Women went into that placating role. You know, that role where it's 'don't do anything that will upset the applecart'. (SW3)

One worker highlighted how women's fear increased their subordination to male partners who correspondingly acted more '*macho*':

> I can't see that there would be any point in them beating up the wife when you're going to be in the house together, running from room to room and ensuring the lights are on. (Women were) deferring and taking care and maybe she could be clinging to you because she's anxious. And then he has to hide his feelings because it's her fear and not his. By then he can act in that macho way. (SW9)

Men's power was enhanced because women could not leave.

> But (women) didn't want to be alone. And especially if there was children. But probably, if anything, it is more the power that the perpetrator felt they had. And probably they did have, because, like I said, it wasn't like you (a woman) can leave type thing. You can't leave in a cyclone. (SW1)

Increase in Psychological Abuse and Controlling Behaviour During disasters, some men take advantage of women's vulnerability and perpetrate psychological abuse. For example, in the Victorian bushfires, a woman reported that her husband had deliberately exposed her to the disaster by leaving her stranded without transport on the road as a fire approached (Parkinson and Zara 2012). In Hurricane Katrina, men were reported to have taken advantage of the hurricane to kidnap children to keep them away from their mothers from whom the men were separated (Lockie 2007).

In the lead up to Cyclone Yasi, when authorities were issuing warnings and people were busy preparing for the cyclone, workers stressed that much of the DV that was occurring was psychological and controlling. Tactics included isolation of partners from extended family and friends, intimidation and verbal abuse.

> Women spoke more about the psychological abuse. …more isolating tactics and more of the intimidatory and the coercion type stuff than the physical, the more in your face stuff. (SW3)

One worker emphasized that as a result of men's increased power, stemming from being the 'protector', they did not need to use physical violence.

> … they didn't have to use violence because they are protecting their family and they had their role. He might still swear at her and yell at her for not being quick enough to get something … which we know is part of violence, but that whole role that he suddenly has got with being the protector of the family, preparing everything, … the need to dominate by the use of physical abuse might not be as such a strong imperative in an individual perpetrator. (SW8)

Workers reported that the changes in men's violence prior to the cyclone seemed to occur in tandem with changes in women's behaviour, as women acceded to men's capacities to protect them and their children from the disaster. In the interests of peace, a woman may have become more placating, accepting her male partner as 'boss' in the hope an escalation to physical violence could be avoided, trading compliance for safety.

> … if we do what he says, if we comply with his demands … the immediate danger from him won't be there. So if that means food and shelter for the children 'I'll do that'. (SW1)

Women Less Likely to Define Nonphysical Abuse as DV Some women may not have sought assistance for DV because they were less likely to define controlling, verbally abusive or threatening behaviour as 'DV'. These were more likely women who had never before sought help for DV, as those who had sought help previously would have been more aware of the range of behaviours that are commonly accepted as constituting DV and the pattern of relational coercive control.

> A lot of people don't identify a lot of the violence … that male privileged position. He makes all the decisions, he does all this sort of stuff. (SW3)

Workers reported that both the general community and service providers alike were often unaware of the nonphysical aspects of DV, particularly the perpetrator's use of coercive control. On the whole, women were likely to put up with nonphysical abuse, not wanting to burden others with their problems prior to a cyclone.

Women more Likely to be Trapped with Abusive Partners In the national on-line survey, workers identified that the lack of accommodation after disasters was an important contributing factor to women's risk of experiencing DV.

> There was less accommodation options available to women fleeing violent situations, as a lot of housing services were being utilized by those who had lost their homes in the fires. (N.Survey, Q. 10, Resp. 28)
> Families suffering the worst situations had to wait for handouts, live in other peoples homes, often separated from those they loved and who lived in the affected homes with them. This had a flow on effect of causing heightened emotions and an increase in abuse in the relationships. (National Survey, Q.8. Respondent 10)

In the Cyclone Yasi study, some women were trapped with violent partners.

> But there is like a case of a woman and her housemates were locked in the home with him and it gave him, the perpetrator even more control because they were vulnerable but also they couldn't run out in the cyclone to leave him. (SW1)

Service providers worked with women to develop safety plans in relation to both the cyclone and their partners.

> … a lot of the women were saying there was nowhere for them to go. Already the people were in motels. A lot of motels were damaged … So therefore that meant that they had to stay there. So then they had to come up with strategies on how they could stay and what else they could do if things got really bad. So there was a lot more strategizing around safety. (SW3)

This same worker, who worked with male perpetrators of DV, raised the possibility of men coercing women for sex on the night of the cyclone.

> … there are figures that show nine months after these disasters there's a baby boom. (SW2)

6.2.2 After the disaster

Workers reported that once a disaster had passed, from their experience, more women tended to seek help for DV. In the national survey, 43 % of workers reported an increase in DV 2 weeks after the disaster and 59 % reported that rates of DV reporting were significantly elevated 1 year after a disaster.

Increased Stress In relation to a bushfire disaster involving significant loss of life and homes, one survey respondent attributed the increase in DV to the multitude of longer-term stressors that people experienced:

> The negative impact was that families were initially separated and given the uncertain circumstances of their lives, impacted by loss of personal possessions, including vehicles that usually took them to work or ferried their children around to their usual sporting and extra curricular activities. Routines were upset, families were emotionally stressed and those who had no insurance protection suffered that added financial burden and worries. Families suffering the worst situations had to wait for handouts, live in other people's homes, often separated from those they loved and who lived in the affected homes with them. This had a flow on effect of causing heightened emotions and an increase in abuse in the relationships. (Original emphasis; Survey respondent, Q19, SW11)

While it is possible that the increased stress arising from the disaster was a factor in men's violence, workers reported that for many men it was a continuation of their usual behaviour. Even so, families did experience considerable stress.

> (Children) were having nightmares, their behaviour was escalating… there was violence within the home, there was money issues, they'd overspent at Christmas, all their food that they bought had gone so that was another impact, compounded with the children then being upset really made it a huge issue to deal with. (SW6)

Women more at Risk of DV after the Cyclone While some women were safer from their partners' physical violence prior to the cyclone, workers reported that violence escalated after the disaster.

> The violence would have probably doubled within our clientele and the severity of the violence was immense. … it was usually hidden and maybe two or three clients might tell you about it as you're walking out the door sort of thing. 'By the way my husband hits me.' (SW5)

> … one family in particular, it was when things quietened down that there was some sort of domestic violence. … they had all these other issues in terms of short of finance and rent not being paid. Because they were so worried they took the money out and so when it was time for the money to go into the rent it wasn't there. (SW7)

One woman, who requested help for an escalation in her husband's violence, did not mention that the tornado had blown the roof off her house.

> And there was one woman and I was talking with her on the phone and she was in a domestic violence relationship and I think her ex partner had physically assaulted her I did notice her street and I was aware that it was one of the streets affected. So I said to her, oh were you affected by the tornado? And she said 'yes I was'. And she said 'I've got half my roof off'. And I said 'oh my goodness', this must be terrible what you're going through. (SW2)

Vulnerability of Refugee Families The Townsville area where Cyclone Yasi hit has many refugee families that have experienced the horrors of war. The cyclone and floods were particularly traumatic for these families. From failing to understand warnings which were in English to reexperiencing past trauma, refugee men and women were at increased risk during and after the cyclone. Both men and women were frightened by the preparations and by the storm itself. Workers noted more DV after the cyclone and attributed this to the stress created by the cyclone reactivating traumatic memories.

> I know in one case where domestic violence has come out now and it's where people have aged and the gentlemen concerned has been settled. But he's terminally ill now, so there's all of that frustration. But the family have experienced the stress after the Cyclone Yasi but also the tornado. Their house was left okay but a tree came crashing down over cars in the yard and it's been very traumatic. And it's brought back traumatic experiences for the woman, but also there's violence now in that relationship. And it's a combination; I think it's probably a combination of all of those traumas, including the current trauma of his impending death. (SW8)

Aboriginal Women Particularly at Risk Families experienced stress as a result of being relocated to temporary accommodation. Having to share with extended family often exacerbated existing family tensions. Financial difficulties added to this stress. Many men and women were unable to work or were already unemployed. This was particularly the case for Aboriginal families.

An Aboriginal DV worker reported that the stress experienced by some indigenous families after the cyclone resulted in increased drinking, 'humbugging' (men buying alcohol with the cyclone government assistance money) and increased men's violence.

> And everything is stretched, money, the cars, the people that come into your house, five or six of them come into your house and it's already overflowing. So there the stress levels start. Dad was dealing in his own way drinking or just escaping. The whole system, the whole family just falls apart. And then of course you (woman) get the blame. … So then you had the blame and you had the lashing out. (Service Worker 6)

The stress of having to live in damaged properties while waiting an interminable length of time for assistance took its toll. Indigenous families felt discriminated

against when White families appeared to obtain post-disaster house repairs more quickly than Aboriginal families.

> We just cannot believe, and I don't want to be racist here but it's obvious…. There's one little house (belonging to an Aboriginal family) and everybody around her is getting help. (Service Worker 6)

Women Take Opportunities to Disclose DV Women often disclosed DV while receiving help for another issue from an unrelated service, flagging the importance of first responders and recovery workers being trained in recognising and responding to disclosures of abuse.

> So there were people needing help with general things and domestic violence as well. They may be going to a service to talk about 'my roof is broken' and from that, speaking about the domestic violence. And that includes people who had never told anyone about it before. (SW1)

A manager from a refugee settlement agency said that, after the cyclone, some women disclosed DV for the first time, as it had become more serious after the cyclone. She revealed how refugee women's disclosure of DV was tentative, requiring the worker to sensitively notice nonverbal cues.

> When I was here as a case manager you felt that some women were crying out for help, not verbally but you can feel it from the woman … you can always sense it. … you try and make the next appointment so that you see the woman for whatever reason, but have that in mind to gently probe it. And then the next move is to refer to the torture and trauma counsellor and raise it. (SW8)

On the other hand, hiding violence also occurred. In one situation, a woman attributed her injuries to the cyclone, but the worker felt confident that her partner had attacked her, as he was a known perpetrator. (SW8)

Disaster Assisted some Women to End the Relationship Some women disclosed DV to service providers while seeking help for other problems, while others were prompted by the cyclone to take out protection orders.

> And this happened a little bit later, after the cyclone…'I need him to go, I need him out, I'm sick of the violence' or 'I need to go, I need to get out and I need this Protection Order. (SW3)

Others took the opportunity of a devastated house to end the relationship.

> So that is an excuse to say to the perpetrator look there is no home, it's better off maybe if we go our own way because it is easier to find something as a single person and so on. (SW1)
>
> … was a woman and she was down from [name of other town] so she was escaping from a more serious situation and they had lost their home. And it was an opportunity, it was a real opportunity to get out and she took it. (SW4)

Working with male perpetrators of DV, one worker reflected that some men in the group believed that their relationships had improved, because their partners had returned prior to or during the cyclone. But these women left again while the men were in the group.

> I do know that for the men that came to the program just after the cyclone, a lot of the women chose to leave then. But we find that a lot of women do choose to leave when he is engaged in a program. But they were saying things like 'I thought it was going great since the cyclone', this sort of stuff and that. And then all of a sudden 'she's gone'. (SW3)

Disaster Relief Money Helped some Women Escape While the provision of one-off government payments of Australian $ 1,000 acted as a trigger for escalating some men's controlling and abusive behaviour, it gave some women the capacity to leave violent relationships.

> For some it may have helped them move out of home, or at least go and do something for them and their children … if your housing or financial reasons were valid reasons why you are with the perpetrator well that would probably alleviate some of that. (SW1)

One worker described the situation of a woman, whose partner would not allow her to spend the disaster relief money, suddenly realizing that other women were in fact able to spend it. The recognition that a different life option was possible enabled her to identify her partner's behaviour as controlling and abusive and prompted her to leave.

> And it was interesting a woman had been living in domestic violence and the trigger that triggered her to leave her relationship was the money that was given out. And she was listening to other people receiving that money. And even though she received it she wasn't allowed to spend any of it. And that was the trigger. And then she sought assistance and said that was the last straw. (SW2)

Entrapment: Unable to Leave Because of the Disaster Workers also spoke of some women's increased entrapment after the cyclone. Unable to find employment or alternative housing, women had fewer alternatives than they had before the cyclone. Many were waiting for insurance claims to be sorted and were focused on surviving day by day.

> How are we going to live in this shed until we get the insurance sorted out? or the house fixed up and all those little things and about worrying about family members. (SW2)
> Because even if you ring up the shelters in areas where there was destruction, well where do you go then? Unemployment is a huge thing that really impacted on women and some people weren't able to, even if they had a business they weren't able to work. (SW2)

Disaster Brought Hope to some Women that their Partner Might Change While the cyclone for the most part made matters worse for victims of DV, one worker reflected that, for some couples, the cyclone brought women closer to abusive partners, as they appreciated their partners' efforts to protect them. However, this could also create guilt about leaving after such an experience or an increased sense of dependence.

> Then the initial aftermath I would say the families try to pull together to try to survive, natural instinct. … that would give the woman maybe that little bit of hope that things are going to be okay now. Like maybe he does love me. If it is the reverse, maybe she does love him. (SW5)

6.3 Concluding Comments

The data presented in this chapter, collected from workers across a range of DV and generic organisations, clearly demonstrate women's vulnerability to DV both during and post disaster. The Cyclone Yasi case study provided an in-depth understanding of one particular natural disaster. The qualitative responses provided by workers in the national on-line survey allow insight into the vulnerability of women to DV across a range of natural and technological disasters. The emergent themes from these studies are remarkably consistent with those discussed in other Australian and international literature. On the whole, women were more vulnerable over the course of a disaster. This may in part be due to men's violence worsening, possibly as the result of a combination of increased opportunity and stress. Although of equal importance was the collapse of infrastructure and social structures, which would usually support women in DV situations—including DV interventions. While all individuals are potentially adversely affected in any given disaster, the double jeopardy of DV for some women directly contributes to an unacceptable level of vulnerability.

Two clear practice implications emerge from these studies. The first is the importance for all workers to be trained to recognize signs and relational patterns, which may indicate DV. In assessing women for DV, workers may need to elicit disclosures by raising the issue with clients, particularly in relation to planning for their safety during and immediately after the disaster. Acquiring the skills and confidence to undertake these tasks is especially important for service providers who are first responders or are from generalist services not specialized in DV. The second and related implication is that first responders, when they visit people's homes to check on their safety, should routinely consider asking women separately, away from partners, whether they anticipate needing special assistance or if they feel safe within their families. Important and helpful preparations include a flexible response plan for when a woman discloses, as well as a range of referral options.

The overarching narrative emerging from these research studies is that, if a man is violent or abusive prior to a natural disaster, it is likely this will only get worse during and after the disaster. Therefore, specialist DV services need to assist their current clients to be safe during an anticipated disaster as well as raise awareness among other service providers and the community, more generally, about women's vulnerability to DV during the disaster. When a disaster is predicted, there should be emergency accommodation provided for women and children rather than sending everyone to a shelter or forcing women to return to domestically violent men. If these preventative measures were taken, many women and children would be in a better position to survive a natural disaster without also having to deal with the constant threat and actuality of violence from their partner.

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Chapter 7
Responding to Domestic Violence in the Wake of Disasters: Exploring the Effects on Services and Workers

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7.1 Introduction

Reports of domestic violence (DV) increase during and after disasters, and demand for DV services may increase at a commensurate rate. However, disasters may also significantly impair organisations and service providers, rendering them unable to respond to clients' needs at such a time. Moreover, DV-specific services are often small and underfunded and consequently may have even less capacity than larger organisations to withstand the impact of a disaster. This chapter focuses on the ways in which disasters affect social service agencies and their services to clients particularly those clients experiencing DV. It reports on interviews conducted with workers from DV services and first responder organisations in Townsville, a regional centre in Queensland, Australia. In 2011, Cyclone Yasi hit Townsville and the area north of the city centre, causing widespread destruction and flooding. In addition, this chapter refers to the findings from our Australia-wide survey conducted with workers who had experienced a natural or technological disaster[1] (These projects

[1] The survey entailed a national on-line, mixed methods questionnaire, which explored practitioners'/workers' experiences of disasters and perceptions of their organisations' preparedness and response to a range of disasters. Basic descriptive statistics were used to identify key features of the data, and qualitative, thematic analysis was used to identify main themes and patterns of the qualitative responses. Sixty-six workers responded to the survey, though not all responded to every question. Respondents had experienced a range of disasters with the majority experiencing bush fires (26, 38 %) and floods (26, 38 %). Smaller numbers experienced cyclones (13 %), drought, a bomb threat, the Bali bombings, the Beaconfield's mine disaster, 'murders of women' and riots.

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were described in the previous chapter). The benefit of combining the data from two separate projects is that it reveals similarities and differences between responses to one type of disaster (Cyclone Yasi) and workers' experiences of other disasters and critical incidents.

7.2 The Impact of Cyclone Yasi and Other Disasters on Organisations

> *I think it shook us all a bit up as it probably would, and there was a lot of relief amongst it. At the same time, there was disbelief that it could go on for so long. The cyclone just went on and on and on. And everybody has their own little story to tell about it as such. But we came back to work and we rallied. Because there were people in need. So it wasn't long after, a couple of days after, we were back in, because we had stripped the office to preserve everything as much as we could. So we were putting the office back together and then the phone calls started.* (Service Worker: SW5)

Consistent with the literature reported in Chap. 7.5, suggesting that an agency's ability to offer effective services to women reporting DV is constrained during and after disasters, the workers who participated in these studies reported short- and longer-term effects and, in some cases, irreparable damage to their organisations, requiring them to relocate. In both projects, the following findings were relevant to organisations' continuing abilities to provide services to women reporting DV:

- The physical impact of the disaster on buildings and communications affected service delivery.
- Smaller organisations were less able to respond flexibly to the disaster's impact on its services.
- Organisations had reduced capacity to offer services.
- Some organisations changed their service models in response to the disaster.
- New networks between services emerged as response efforts took shape.

7.2.1 Physical Impacts on Buildings and Infrastructure

In the national survey of workers, 59 respondents spoke about the physical effects on their service in the month following the disaster. Reported effects include: loss

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The qualitative case study focused on a regional town in the northeast of Australia, Townsville, which, in 2011 was hit by Cyclone 'Yasi', causing widespread destruction and flooding and 1 year later, in 2012, a smaller but still destructive tornado. In-depth, semi-structured interviews were conducted with 12 workers immediately after the tornado aiming to understand the effect of these events on clients, workers and services. Participants were from both DV specialist services and generalist services, including a multicultural agency, a family support and counselling agency, women's services, an aboriginal service, and first responders—police and a large emergency organisation. Thematic analysis was used to identify core themes in the data collected and conceptualise workers' experiences in relation to existing literature. Worker's responses are presented in italics to ensure their direct experience is recognised in the discussion of the data.

of power ($n = 14$; 24 %), loss of communication services ($n = 12$; 20 %) and damage to the building, including loss of office space ($n = 9$; 15 %) and loss of equipment ($n = 6$; 10 %). A small number of services were still experiencing these problems 12 months after the disaster. Three (5 %) services were required to relocate.

Cyclone Yasi did not equally impact all geographic areas as services in Townsville were affected for only a short time compared to services further away. One worker from a first responder organisation commented that services outside the regional centre had not coped following the cyclone (SW6). Many services had no electricity and reported reduced staffing levels for up to several weeks. At least 3 of the 12 participant services were closed for a few days to a week due to power cuts or flooding or both. One service reported fallen trees and damage to fences on their property. Another sustained extensive damage and loss of power from flooding which also affected the Internet connection and other communication systems. Staff members at this service were required to participate in the cleaning and restoration of the building.

7.2.2 Size and Capacity of Organisations

There was a correspondence between the size and capacity of an organisation, the number of service uses and its ability to continue to offer services during and after a disaster. In the Townsville case study, smaller organisations were less able to compensate for staff shortages, physical damage to buildings and interruptions to electricity supply. Larger organisations were able to redeploy staff and recover more quickly. Both large and small organisations changed the ways in which they delivered services, aiming to respond more flexibly to the needs of the communities they served. Of the services interviewed, only two first responder organisations were large enough to enable them to bring in workers from other regions to cope with extra demands on staff following the cyclone (SW10, SW5).

7.2.3 Reduced Capacity

Disasters usually have a negative effect on service delivery and operations. Of the 59 respondents in our national survey who responded to questions on impacts on service delivery in the first month following a disaster, 20 (34 %) indicated that the disaster affected their service model, and 18 (31 %) workers reported a reduced capacity to see clients.

> *[We] couldn't reach our clients within our local area. Cut off by flooding.* (Survey Question 19, respondent 19)

Twelve months on, seven survey respondents (12 %) indicated that their services were still operating below their capacity. In the Cyclone Yasi case study, one worker reported that, after the cyclone, the usual delivery of outreach services was curtailed due to flooding and road closures (SW12). Several community services had

difficulty contacting clients during that period and one service manager noted that it took at least another week or two until case loads returned to normal (SW12). While in the actual township of Townsville local services were up and running relatively quickly, in surrounding towns where there were no operating DV services, DV clients were referred to Brisbane telephone counselling and other services. However, Brisbane was also affected by flooding, rendering services in Brisbane equally less accessible (SW11):

> *Our process was to refer to 1800 in Brisbane, but Brisbane was flooded so we had no back-up. It became a disaster within a disaster. What happened was we couldn't get anyone out, locally we had workers that got sick. One worker…it's a symptom of long-term flooding… the buildings get saturated with mildew, so I saw many workers coming down sick. So they're trying to maintain a service whilst dealing with all this extra stuff. They really need some really strong support. And I would love to think about how we can do that better in these disasters.*

Further, interviewee 10 (police) explained that police resources in any disaster, particularly in a small community like Townsville, would always be stretched, thus resulting in reduced capacity for officers to attend to DV cases when reported.

7.2.4 Changes to Service Models

Following Cyclone Yasi, many organisations changed their service delivery model in order to meet the emergent and urgent needs of clients and their local population. Because it had to close for 2 days prior to the cyclone's impact, one service, primarily supporting Culturally and Linguistically Diverse (CALD) and refugee clients, allocated mobile phones for multilingual staff to maintain contact with clients to ensure that they understood emergency information and to enable staff to respond to requests for support and shelter. The phones also allowed staff to communicate with each other throughout the crisis.

An organisation providing general counselling and family support changed its service delivery in the period immediately prior to the cyclone. As a way to balance reduced staff numbers and to deal with clients' inability to physically attend their service, this organisation proactively focused its efforts on telephone counselling and advice instead of usual face-to-face contact. They also made 'outreach' counselling services available in other locations, deploying staff to recovery centres and schools, recognising that these were sites where people seeking shelter could be experiencing grief, loss and trauma, and might seek assistance. This same organisation engaged with local service providers as part of their overall response strategy offering increased counselling services to the clients of those providers. The organisation partnered with the local schools to educate parents on coping and communication strategies for children. In this way, the organisation used networking rather than directly approaching clients:

> *So we actually approached the community, stakeholders first and asked what involvement or role we could have, and then acted accordingly.* (SW12)

One interviewee observed that each disaster event posed different lessons for services. She felt her organisation, as a first responder, had learned to make greater use of local or regional staff with local knowledge (SW6).

For most domestic violence organisations, the cyclone dictated a shift in priorities as they focussed less on domestic violence and more on the wider community's immediate needs for physical safety and basic goods. Assistance with matters such as accommodation and emergency relief (which was provided by some services in the interim period between the disaster and the provision of government payments) became the priority for services and for clients. In contrast to this reported shift away from domestic violence towards the provision of shelter and basic goods during and immediately following Cyclone Yasi, some survey respondents reported that in the immediate aftermath of the bushfires in Victoria, there was an increase in women requesting help for DV:

> *In my own work space, there was an increase in DV, especially in the weeks following the disaster as people stopped coping with their situations.* (Qu. 19, survey respondent 3)

Tailoring responses to the specific, time-sensitive needs of clients is an important way of facilitating networks between organisations. There was some reference to being 'flexible' and 'bending the rules': *it's about meeting the needs of your clients and where they're at*. An example of such a response was provided by one of the survey respondents in relation to the bushfires. In this situation, there were no existing DV services, but once workers observed some men's abusive and violent behaviour in an evacuation centre, they promoted the development of DV-specific services:

> *During the disaster, domestic violence became more visible for a time. People were in evacuation centres or were being visited by a variety of organisations assisting the recovering community. With the strain the disaster placed on people, there was a huge push to develop services such as domestic violence support groups etc. in communities that had never had these supports in place in the past.* (Qu. 19, respondent 17)

One service manager noted that the significant media coverage of the cyclone and recognition of the damage drew collegiate concern from other organisations. The manager received several calls from organisations and colleagues around the country to find out how their service and workers were coping (SW9).

7.2.5 Impact on Service Networks

These data show that both generic organisations and DV-specific services were negatively affected by the disasters and had to make significant changes to their services. An organisation's *flexibility* to make changes to what, where, when and how it delivered services to disaster-affected clients was key to its relevance after a disaster.

To this point, the effects of disasters on workers have been implicit in the discussion of service provision. However, understanding these particular effects on workers is crucial to both disaster preparedness and effective, flexible organisational responses.

7.3 The Impact of Disasters on Workers

Disasters not only affect organisations and clients but affect agency personnel as well. Workers often feel torn between obligations to their clients on the one hand and to their own families on the other. In essence, workers who are victims in a particular disaster are often unable to continue their work with clients who experience the same disaster.

7.3.1 Staffing Difficulties

Staff availability is a significant problem for service providers during a disaster. Of the 59 participants in the survey who responded to questions on the effects on staff and services in the first month following a disaster, 24 (41 %) respondents identified staffing difficulties as a result of a disaster, 20 (34 %) experienced interruptions to work travel, and 12 months on, 10 respondents (17 %) said their services were still experiencing staffing difficulties.

In Townsville, several services experienced reduced staff numbers immediately following the cyclone as workers dealt with their own property damage or other impacts, or were prevented from coming into work for up to a week due to road closures or flooding (e.g. SW7, 9, 12). Some services closed prior to the arrival of the cyclone to allow staff to prepare their own homes and families for its impact.

Several of the managers interviewed expressed concern at their inability to muster additional staff (even volunteers) during the disaster. A range of factors affected these workers availability. Workers who lived out of town were unable to travel across flooded and damaged roads (SW7 and SW8). Of the 58 survey respondents to the question of practical difficulties, 18 (31 %) were unable to travel to work following the disaster, 13 (22 %) were unable to focus on work, 9 (16 %) were unable to work their usual hours, and 3 (5 %) were unable to secure child care. In the Townsville study, service worker 12 highlighted that the remoteness of the organisation's location and the high associated cost of relocating other workers to this area provided an additional layer of complexity.

7.3.2 Personal Impacts of Disasters on Workers

Literature on the impact of natural or technological disasters demonstrates that workers who live within the vicinity of a disaster are often personally affected (Hines et al. 2007). Not only does the disaster curtail their ability to work and earn an income but it can also result in long-term impairment and life changes similar to those experienced by service users. In both research projects, workers reported a range of personal difficulties that affected their ability to work including property damage, isolation due to road closures, no electricity or water, illness resulting from exposure to mould and mildew and traumatic responses. A devastating impact of

the cyclone on one worker was the loss of her home, rendering her and her family homeless (SW6). She was fortunate to have been provided temporary accommodation by her organisation and was given time off to deal with her situation. However, the destruction of her home was a loss that she continued to feel acutely 1 year later. Workers generally reported that they felt an increased sense of responsibility for the survival and safety of others, which created an additional layer of stress. Twenty-nine (29) respondents out 51 expressed this concern. Other difficulties were exhaustion or fatigue (26–46 %), loss of sense of safety (10–18 %) and being injured (3–5 %).

One interviewee observed that workers experienced a coupling of increased client demand on one hand, and the personal stress of the disaster on the other:

> *Negative impact is that as a staff member I too am trying to deal with the disaster on a personal level. My children, my home, my finances, my job, insurance company, etc…. Then coming to work to deal with others issues such as DV can be very draining, more so than before disaster. I found my 'care factor' was not around sometimes.* (Qu. 19, survey respondent 21)

A manager reported:

> *So they were constantly working long hours and I think the high chance of them being burnt out and they didn't do the self care thing, they couldn't do at the time because they were at home experiencing hardship and then going and seeing other people's hardship.* (Manager, SW4)

7.3.3 Shared Trauma

Workers who were personally affected by a disaster and who also listened to clients' experiences of disasters and/or of DV were most likely to experience an accumulation of negative psychological impacts. One survey respondent wrote that dealing with suicidal clients and actual suicides was an additional and significant source of stress, especially for workers who were also dealing with their own disaster experience:

> *…increased stress on staff due to clients both presenting as suicidal and some actual suicides- some of these involving family violence contexts. Vicarious trauma began to impact on some staff requiring more intensive support from Human Resources via Employee Assistance Plan and secondary consultation with our clinical staff.* (Qu. 14, respondent 3)

A number of survey respondents referred to their own trauma, exhaustion and stresses associated with living through a disaster:

> *Disaster is more traumatic than can be communicated. It has to be experienced to have full knowledge of such and, on top of supporting the needs of [clients affected by] domestic violence, it can be a wipe-off for some staff; in fact, unmanageable emotionally for some staff.* (Qu. 26, Survey respondent 5)

Others reported that there were high levels of staff sickness (Qu. 19, survey respondent 14) and negative impacts of hearing about *'one tragedy after another'*. (Qu. 19, survey respondent 7).

One of the most consistent observations that emerged from the Townsville interviews was the cyclone's contribution to worker anxiety and stress. Cyclone Yasi was widely anticipated to be a severe cyclone, bringing widespread damage—which it did, although the most severe effects were experienced outside the populated area of Townsville. Thus, for some workers, their anticipation of the cyclone, heightened by news coverage and government initiated warnings, created significant anxiety:

> *At the same time, even within the organisation we were affected ourselves because then we were receiving text messages on our phones saying 'evacuate, evacuate, get out of your house'.* (SW2)

There was a lot of uncertainty in the lead up: *because of the size of the cyclone, nobody knew what to expect* (SW2). Anxiety was an issue raised by both workers and managers interviewed, with references to the situation as *scary*, feeling *panicked* and *terrified*, and experiencing heightened *stress* (SW1, 2, 3, 4, 9). One worker, who had previously experienced a cyclone, found that this time, the warnings that were meant to prepare people only panicked people:

> *...some people argue that there was too much [warnings]...the purpose was not to panic people, it was to prepare people. But in some cases, it had the opposite effect because people were so panicked that people were just taking off everywhere beforehand.* (SW2)

The manager of another service decided to close mainly due to staff anxiety about the cyclone:

> *There was absolutely no way I could open the doors on Wednesday and expect staff here, the day before the storm. The anxiety was far too high, their own family situations were far too present here to be able to run a centre.... There wasn't any bringing them down because you were working against the whole community and the system hype....* (SW4)

Perhaps surprisingly, some respondents reported positive experiences, identifying points of resilience amidst the trauma and chaos.

7.4 Positive Responses and Outcomes for Organisations and Workers

Most respondents indicated that their organisation developed new and useful networks as a result of the disaster. Of the 59 respondents to a question on the contribution of disasters to organisational difficulties, only 9 respondents (15 %) said that their services' ability to work with other organisations was reduced post disaster. Most respondents pointed to a range of positive outcomes:

> *...other organisations more inclined to help beyond the job roles to get this person safe. I found the network of organisations really rallied together to help mutual clients.* (Qu. 19, survey respondent 21)

The positives emerging from this experience related to improved referrals, relationships with allied services and the development of a strong sense of community (Qu. 19, survey respondent 7). Most of the new networks developed from 'grass root' activities including informal meetings (SW12) and pre-existing informal con-

Table 7.1 Positive Outcomes for Organisations Resulting from Disaster

	No.	%
New referral pathways	23	39
Increase in staffing (paid or volunteer)	19	32
Increase in funding	19	32
Increased community awareness about domestic violence in disaster contexts	18	31
Positive media about your organisation	16	27
Building improvements	4	7
New equipment	3	5
None of the above	22	37

nections. One network arose from a government-sponsored forum to assist organisations to coordinate their responses to the disaster. A participant (SW12) spoke of the value of having multiple links with partner organisations and different agencies:

> *...high level of interconnection that exists out there that help build strong collaborative relationships. So when things do arise, you know, you've got that social capital there.*

Almost two-thirds of respondents to the survey identified positive outcomes for organisations resulting from the disaster (Table 7.1).

Some positive outcomes were in relation to responding to DV, and others were in relation to finding ways to support staff to manage and recover from the disaster. Strategies included giving staff leave to address their personal situations, facilitating staff debriefing sessions and organising interagency meetings to review communications and responses during the disaster.

7.4.1 Support for Staff

An instance of good employee practice was one organisation's inclusion of special leave provisions to account for time off work owing to natural disasters. This leave did not encroach on annual leave or other leave entitlements and allowed workers to deal with the effect of the disaster on their properties and families, without concern that this might affect their ongoing employment. Debriefing and team building were important strategies that allowed workers to process their experiences and reach out for assistance. In the national survey, 36 (78 %) of 46 respondents said their organisation provided staff counselling and or debriefing following the disaster, which they found useful:

> *High level of staff support is needed, including counselling, peer support, debriefing for staff and increased supervision.* (Qu. 24, Survey respondent 18)

An important coping mechanism for DV and emergency workers was the ability to share experiences. A manager from Townsville reported:

> *...sharing of those stories is a really, really powerful.... So it's not like gossip and it's not really like debriefing, but it's like bonding or something. It's a shared experience we've all had...and different stories from different suburbs.* (SW9)

Table 7.2 Organisations Support for Staff

Supports	No.	%
Staff counselling and or debriefing	36	78
Information about where to go for help during a disaster	23	50
Contingency administrative plans (for staff absenteeism, decision making, emergency communication with staff, payroll)	20	43
Staff training to deal with a disaster	19	41
Protocols with other organisations	17	37
Emergency communication systems	16	35
Emergency supplies (for clients and/or staff)	14	30
Protocols in place to access additional/relief staff	12	26

Workers appreciated the opportunity to reconnect with their colleagues and debrief through informal as well as formal clinical processes. One worker reflected that the cyclone in some ways *brought us closer*, having witnessed the devastation it caused (SW3). For example, she herself had offered to help other colleagues with food or showers following the cyclone (SW3). They did not have residential clients so the focus for the manager could be *more about the wellbeing of the workers* (SW9).

7.4.2 Interagency Debriefing and Support

Following the cyclone, one of the services organised an interagency/NGO forum to discuss the effects of the disaster on services, workers and DV clients. A number of workers interviewed for this research attended forums such as this. One worker observed that this type of meeting was an important opportunity for workers to debrief (SW1). A service manager noted that the significant media coverage of the cyclone and recognition of the damage drew concern from colleagues in other organisations who called from around the country to find out how their service and workers were coping (SW9). The above table summarises factors that workers who participated in the online survey reported had assisted them to cope with disasters (Table 7.2).

7.4.3 Raising Awareness of and Addressing Domestic Violence (DV)

DV services utilised community-based organisations and sporting events in order to raise awareness of DV and family conflict during disasters. Service worker 6 spoke of the connections their organisation developed with some football organisations. These connections were particularly important in indigenous communities, where local teams had significant influence on individuals and families. One worker indicated that the cyclone and tornado highlighted the need for more proactive approaches to the monitoring of known or suspected DV cases.

Interestingly, one worker (SW11) suggested that disasters like Cyclone Yasi presented an opportunity for generalist services to reach out to clients to ask them about other issues going on in their lives, such as DV. She noted that recovery centres in particular provided opportunities for clients to see a counsellor (who was not a 'local') about DV.

7.5 Disaster Preparedness

Disaster preparedness across select organisations in Townsville varied considerably. As expected, the most prepared organisations were the first responders. Among other services, some had formal disaster plans, while others had general policies and procedures. Some workers interviewed were not aware of their service's disaster plan, even if they had one. One service manager admitted to developing their plan once they were aware that a cyclone was imminent (SW8). Several workers remarked on the effects of this lack of preparation and suggested that the general evacuation process and location of evacuation centres could have been better managed (SW1 and SW6). For example, there were comments that evacuation centres

> *…weren't really set up well …. I think in the end things got worked out. But the preparation I don't think was the best in terms of evacuation.* (SW1)

There was a sense, however, that mistakes made in disaster preparedness had potentially led to the development of improved disaster plans:

> *It also allowed us to form better evacuation safety processes to ensure that women and children were safe from further DV …. We upgraded our evacuation policy/procedures.* (Qu. 19, survey respondent 13)

Some organisations subsequently produced disaster-specific information for clients, such as culturally appropriate DVDs and brochures on disaster preparedness (SW6), which included strategies on coping with stress, preparing the home for a disaster and other practical recommendations.

Service worker 9 explained the difficulty of maintaining plans for disaster preparedness and other issues with fluctuating staff levels and a high turnover of staff:

> *You might even get a plan up and you find yourself a role …. But by the time the next disaster comes along, those people are gone.*

Service worker 3, the manager of a DV organisation whose service coordinated an inter-agency group that had been in existence for 12 years, reported the opposite experience. Being able to tap into existing networks and build on those connections was useful when a crisis occurred, like the cyclone. Established networks, contacts and lines of communication provided a sense of continuity and support to permanent and new staff.

An issue discussed at the multi-agency forum held after the cyclone was the importance of the need to inform first responders of the referral paths available for DV victims. The manager of a DV-specific service (SW9) spoke of the importance of

educating first responders in emergency situations about identifying and responding to DV and incorporating this into their broader response:

> *...if you're going to be going into these homes as recovery workers and keeping the families together you need to know something about domestic violence, you need to keep your eye out for it.* (SW9)

This worker also emphasized the need for more community education about DV and recommended that DV workers be present at evacuation centres to assist emergency workers with their response. The inclusion of DV in the agenda of non-DV services was a positive outcome of the inter-agency forum:

> *…One learning from the experience was that not all people are cut out to be working the front line in a disaster, regardless of how knowledgeable they may be. It takes a special type of person to provide this support—particularly within the first 6 months of the disaster because there are so many things that people are trying to deal with, people's emotions are very raw. What has been evident is that the DV can surface quite some time after the disaster. We are still dealing with DV that could be associated with the bushfires—it is hard to know. One thing is very important for both clients and workers is strong, non judgemental de-briefing and counselling*. (Qu. 19, Survey respondent 7)

7.5.1 Conclusions

The data from these research projects reveal ingredients for effective organisational responses to DV within the context of a natural disaster. The data confirm that whether or not DV actually increases during a disaster, for DV specific services, their clients' experiences of DV before, during or after a disaster add an additional layer of complexity to an already complex situation. Our data indicate key areas for effective disaster responses for all clients, but particularly for women experiencing DV. These are:

1. Maximising the possibilities that organisations will be able to recover quickly and offer continuity of service immediately after a disaster has occurred. This entails having a capacity to respond flexibly to changes in the nature of existing clients' needs, develop new services and to offer existing and new services to existing and new client groups.
2. Maintaining links with other services and being open to developing new networks to better coordinate disaster responses. This will go some way to ensuring that clients do not fall through the cracks, particularly women experiencing DV.
3. For DV-specific organisations, participating in community-wide disaster planning and having a voice within first responder organisations is important to ensuring adequate identification and response to women at risk of DV.
4. Expanding the DV and generalist organisations' response to include the needs of clients *and* workers before, during and after a disaster. The disasters' negative personal effect on workers was significant and necessarily contributed to a reduction in their organisations' and their own professional capacity.

5. For smaller DV services, developing disaster plans, which include the above considerations, is essential. Most respondents reported that their organisations were not adequately prepared.

Despite the negative impacts of disasters, many respondents identified positive outcomes for their organisations and clients. Just as disasters resulted in individual women developing new skills and resources (see previous chapter), so did DV agencies discover new funding opportunities, frameworks for service delivery and pathways to reach clients. The research highlights the need for better interaction between agencies in order to target the different strengths of each when responding to DV during and post disasters.

The problem with natural disasters is that they are relatively rare and not usually expected. It is hard for organisations and, in particular, struggling community-based DV services to put time, energy and resources into planning for a disaster that may never eventuate. However, as the voices of the respondents in these two research projects attest, adequate preparation greatly improves the organisations' survival and ability to assist clients at such a crucial time.

Reference

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